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SOMERSET COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1969

A. PARRY JONES,

M.B., B.CH., D.P.H.

County Medical Officer of Health.

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Frome Health Centre

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1969 on the public health services of Somerset.

In several reports in recent years the development of services in association with General Practitioners has been described. Attachment of Public Health Nurses to General Practitioners is now extensive throughout the County and nearly all Practitioners are undertaking immunisations with the aid of the computer scheme. A natural extension has been to create premises from which both the Family Doctors and the County Health Services can work and during the year under review three Health Centres were opened at Frome, Glastonbury and Cheddar. The Centres have attracted much interest and favourable comment.

Despite modern methods of treatment, a worldwide recrudescence of the venereal infections is causing anxiety. There was a further increase in new cases in Somerset in 1969 and in ten years the number has doubled. Tracing and treatment of those responsible for spreading infection is pursued vigorously and the incidence of new cases in the County is still at a very low level compared with that in the large urban populations.

I wish to acknowledge the help we have received during the year from other departments of the County Council and from the hospitals, General Practitioners and many voluntary organisations in the County.

I am,
Yours faithfully,

A. PARRY JONES,

County Medical Officer of Health.

County Hall,
Taunton.

September, 1970.

STAFF

The following are the Senior Public Health Officers:-

CENTRAL OFFICE STAFF:

County Medical Officer of Health:

Principal School Medical Officer:

A. PARRY JONES, M.B., B.Ch., D.P.H.

Deputy County Medical Officer of Health:

Deputy Principal School Medical Officer:

J. BEASLEY, M.B., B.S., D.P.H.

Senior Medical Officer for Maternal and Child Welfare:

B. MARY THOMPSON, M.D., B.S., D.P.H.

Senior Assistant County Medical Officer:

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

Chief Dental Officer:

QUENTIN A. DAVIES, L.D.S., R.C.S.(Eng.)

County Public Analyst:

JOAN D. PEDEN, B.Sc., F.R.I.C.

County Health Inspector:

C. E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

Principal Administrative Officer:

R.F. COTTRELL, D.P.A.

County Ambulance Officer:

R. S. J. BISHOP, D.P.A., F.I.A.O.

Mental Health Officer:

A. H. EDWARDS, M.B.E., D.P.A., F.C.C.S.

County Nursing Officer:

MISS F. E. HOUGHTON, S.R.N., S.C.M., H.V., Q.N.

Home Help Organiser:

MISS L. C. E. CHALK, M.I.H.H.O.

AREA STAFF:

P. P. FOX, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'D' (Yeovil Borough, Yeovil Rural and Wincanton Rural Districts).

D. McGOWAN, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'H' (Weston-super-Mare Borough and Axbridge Rural District).

H. MORRISON, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'L' (Taunton Borough, Taunton Rural, Wellington Urban and Wellington Rural Districts).

N. NEWMAN, M.B., Ch.B., D.P.H.

Area Medical Officer to Combined Area 'E' (Frome Urban and Rural, Bathavon Rural, Keynsham Urban, Clutton Rural and Norton Radstock Urban Districts).

R. H. WATSON, M.B., Ch.B.,
B.A.O., D.P.H.

*Area Medical Officer to Combined Area 'J' (Bridgwater Borough,
Bridgwater Rural and Burnham-on-Sea Urban Districts).*

A. M. McCALL, M.R.C.S., L.R.C.P.,
D.P.H.

*Area Medical Officer to Combined Area 'A' (Chard Borough,
Ilminster Urban, Crewkerne Urban, Langport and Chard Rural
Districts).*

D. E. CLARE, M.B., B.S., D.P.H.

*Area Medical Officer to Combined Area 'C' (Shepton Mallet
Urban and Rural, Wells City, Wells Rural, Street Urban District
and Glastonbury Borough).*

VALERIE N. BAKER, M.B.,
Ch.B., D.R.C.O.G., D.P.H.

*Area Medical Officer to Combined Area 'G' (Clevedon Urban,
Long Ashton and Portishead Urban Districts).*

COMMITTEES

The following are concerned in matters of public health:-

HEALTH COMMITTEE : and its Sub-Committees for : Midwifery and Nursing Services, and for
Mental Health Services.

SUMMARY OF VITAL STATISTICS

Area (in acres):	...	...	...	...	...	...	...	...	...	1,024,971
Population (1969)	...	...	...	...	...	...	...	...	...	579,930
Live Births—										
Number: 8,918	Rate per 1,000 population:	...	...	...	...	...	...	...	...	15.36
Illegitimate Live Births—										
Number: 581	Rate per cent of total live births:	...	...	...	...	...	...	...	...	6.5
Stillbirths—										
Number: 113	Rate per 1,000 live and still births:	...	...	...	...	...	...	...	...	12.51
Total Live and Stillbirths—										
Number: 9,031	Rate per 1,000 population:	...	...	...	...	...	...	...	...	15.6
Infant Deaths (deaths under 1 year)	...	...	...	...	...	...	...	...	...	140
Infant Mortality Rates—										
Total Infant deaths (140) per 1,000 total live births:	...	...	...	...	...	...	...	...	...	15.7
Legitimate Infant deaths (126) per 1,000 legitimate live births:	...	...	...	...	...	...	...	...	...	15.1
Illegitimate Infant deaths (14) per 1,000 illegitimate live births:	...	...	...	...	...	...	...	...	...	24.1
Neo-natal Mortality Rate (deaths under 4 weeks) (103) per 1,000 total live births:	...	...	...	...	...	...	...	...	...	11.55
Early Neo-natal Mortality Rate (deaths under 1 week) (89) per 1,000 total live births:	...	...	...	...	...	...	...	...	...	9.98
Peri-natal Mortality Rate (stillbirths and deaths under 1 week combined) (202) per 1,000 total live and stillbirths:	...	...	...	...	...	...	...	...	...	22.36
Maternal Mortality (1) per 1,000 total live and stillbirths:	...	...	...	...	...	...	...	...	...	0.11

Comment on Vital Statistics — Registrar General's Figures

The County population increased during the year by 7,000, compared with 13,000 for the previous year. The births, at 8,918, increased by 52, compared with a fall in each of the three previous years. The live birth rate at 15.36 per thousand population is slightly lower than the figure of 15.5 for 1968.

Illegitimate live births were higher by 20 at 581.

The infant death rate, at 15.7 per thousand total live births, is very nearly the same as last year (15.64) and is still better than the national figure of 18.0.

The tables on page 11 show how the various figures and rates have fluctuated over a period of 11 years with, in the main, a steady improvement in the figures.

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table 6 gives details of notified cases of infectious diseases and their distribution, with comparative figures for the previous year.

POLIOMYELITIS. For the third consecutive year there were no confirmed cases. The last year in which cases were confirmed was 1966 when there were 2.

VENEREAL DISEASE

Centre	NEW CASES			Increase or Decrease during 1969
	1967	1968	1969	
Bath	18(37)	16(49)	6(51)	(-10)(+2)
Bridgwater	20(45)	13(37)	8(38)	(- 5)(+1)
Bristol	41(158)	47(187)	93(296)	+46 (+109)
Taunton	43(81)	33(85)	33(108)	- (+23)
Weston-super-Mare	7(32)	2(30)	9(49)	+7 (+19)
Yeovil	5(36)	5(45)	5(47)	- (+2)
All Clinics	134(389)	116(433)	154(589)	+38 (+156)

The figures shown in brackets are the number of new cases suffering from "other conditions" and conditions undiagnosed at 31st December.

HEALTH CENTRES

The first health centre to be built in Somerset, at Frome, was completed in May, 1969 and after a settling-in period an 'Open Day' was held on 9th October, 1969, attended by Sir George Godber, Chief Medical Officer to the Department of Health. The centre has been running very smoothly and there have been only minor difficulties from time to time which have been resolved with goodwill on either side. Observation of the working arrangements at the Centre have enabled minor design and planning improvements to be made in the later planning of other Centres. In the main, however, the layout has proved highly successful, and the Centre has proved to be one which has provoked interested and appreciative comment from many quarters.

The new Centre at Glastonbury was completed and came into use in July. An 'Open Day' was held in February, 1970 in order to show the Centre to a large number of interested persons.

At Cheddar a private dwellinghouse was adapted and extended to provide suitably sized accommodation and the work was completed and the Centre brought into use in August. The changeover to the new premises took place without difficulty and all is running smoothly.

As reported last year, further centres are planned; the one at Street is an adaptation of a former school building and it is expected that the work will be completed and the Centre in use in October, 1970. It will provide facilities for four doctors as well as providing for the clinic and other needs of this local health authority.

The preparatory work for proposed Centres at Nailsea and Clevedon had, by the end of the year progressed to the stage where tenders were being invited, and at the time of writing this report the work of building these Centres has commenced but completion and occupation will not be until the Spring of 1971.

Further Centres are planned — at Wellington, Worle, and Wincanton; and progress is now being made in the preparatory work and planning of these Centres. It is expected that the provision of a centre at Yeovil will follow although difficulties with regard to site are still not resolved.



Entrance to the Glastonbury Health Centre

MATERNAL AND CHILD HEALTH

ANTE-NATAL CARE

The County midwives work in close co-operation with the general practitioners in their surgeries sharing ante-natal care for the ever increasing number of patients who are booked for hospital confinements as well as for the few who still have their confinements at home. There are a number of women, the majority unmarried mothers, who still do not have any ante-natal care. Midwives in some hospitals are still not seeing their booked patients ante-natally and many in fact first see them when they arrive at the maternity units in labour.

Family doctors now generally undertake blood testing for their patients having home confinements and many hospital booked cases are tested at the hospital clinics. In recent years the local authority blood clinics for expectant mothers have been gradually discontinued because of falling numbers. The clinic at Chard which has been held since 1952 closed in June and the last clinic in Bridgwater which opened in 1951 closed in December.

Routine testing for syphilis in addition to the check for anaemia and rhesus grouping is still of value in preventing infant deaths or congenital disease. Nationally, no baby has died from congenital syphilis for some years now, but positive results are still found in 0.05 per cent of women in the first pregnancy and 0.06 in later pregnancies (compared with 0.13 and 0.23 in 1958).

HOSPITAL BED BOOKINGS

In 1969 88.7 per cent of all County births took place in hospital. The Maternity Bed Bureau run by the County Health Department as agent of the Regional Hospital Board has continued to deal with the booking of patients with medical and social priorities into the general practitioner maternity units in the County. Beds in consultant obstetric units in Somerset and in Bristol and Bath are also secured for family doctors.

Maternity units in some areas of the County and the consultant obstetric units book patients direct or through the Southmead Group Bureau.

In addition to the 24 Hour Bed Unit provided in 1968 in the general practitioner unit at Musgrove Park Hospital, Taunton, a similar unit was opened during 1969 at the Mary Stanley Home, Bridgwater.

Early discharge home after delivery is suitable for some women, but a hospital booking with early discharge is confirmed only after the patient's doctor and the domiciliary midwife have agreed that the case is suitable and that all facilities are available to the patient on her return home. The hospital staff, as soon as possible after delivery, inform the domiciliary midwife of the birth so that she can confirm that conditions are still satisfactory for an early return home.

In some areas now there is no need for selection of cases since there are beds for all patients who desire them. In others, however, selection on medical or social grounds must continue.

Careful selection should ensure that women are booked into the right sort of bed (obstetric or general practitioner unit) depending on medical circumstances.

PARENTCRAFT AND RELAXATION

Help is given to expectant parents at the parentcraft and relaxation classes which are provided (with or without a physiotherapist) by the County Council in 35 centres in the County. Individual advice is also given when there are insufficient numbers in any one place to justify the commencement of organised classes. Classes are also held at four hospitals for mothers who will be confined in these hospitals and the classes at Bristol and Bath are also available for those who live near these cities. During 1969 the local authority classes in Somerset were attended by 1,881 women.

The total number of attendances during the year was 10,516 an average of nearly six visits to classes by each patient.

BIRTHS

The Registrar General's figures show that there was a slight increase in total births in Somerset from 8,992 in 1968 to 9,031 in 1969: the locally collected figures indicate that of the increased local total of 8,874 (8,768 in 1968) there was a further decline in home births from 1,267 in 1968 (14.5 per cent of total) to 999 in 1969 (11 per cent of total).

Early discharges from hospital showed a slight increase from 2,496 in 1968 to 2,620 in 1969, and is nearly one third of all those booked for hospital confinements.

MATERNAL DEATHS

One young unmarried mother died this year soon after the unattended delivery of her still-born baby, having told no-one of her pregnancy.

OBSTETRIC FLYING SQUADS

In spite of last year's expectations there are still difficulties in providing flying squads in the Bath clinical area, which it is hoped may be resolved without further delay. This essential and life-saving service must be available for mothers, in their homes and in general practitioner maternity units, when doctors and midwives need help in obstetric emergencies.

LEGAL ABORTIONS (terminations of pregnancy)

Figures for the county area are not published but in the South West there were 2,402 operations recorded - a proportion of 1 to every 20 total births compared with 1 to 15 births for England and Wales. The South West proportion this year is about the same as that for the whole country in 1968.

STILLBIRTHS

Of the 113 stillbirths 109 occurred in hospital. A proportion of these are unavoidable because of defects in the baby prohibiting survival but a number might have been avoided by ensuring that mothers who might be expected to have difficult confinements are booked into obstetric hospitals with specialist help available for the baby.

REGISTRAR GENERAL'S TOTALS. SOMERSET 1959 – 69. ENGLAND AND WALES 1969

Somerset	Population	Live Births	Still Births	First Week Deaths	Deaths 2–4 wks.	Deaths 1–12 mths.	Total Infant Deaths	Deaths 1–5 yrs.	Maternal Deaths	Perinatal Deaths	Illegitimate Births		
											Live	Still	Total
1959	500,400	7,636	155	89	14	40	143	29	3	244	299	4	303
1960	507,270	8,095	145	106	14	40	160	20	0	251	345	4	349
1961	520,340	8,215	151	73	16	41	130	36	1	224	372	13	385
1962	527,240	8,700	153	98	17	36	151	30	3	251	438	6	444
1963	533,570	8,877	139	78	19	33	130	29	2	217	433	8	441
1964	542,990	9,154	141	68	14	37	119	24	1	209	529	13	542
1965	549,320	9,205	141	85	14	60	159	26	2	226	542	2	544
1966	555,690	9,194	130	82	17	40	139	22	1	212	567	8	575
1967	559,470	9,041	123	67	8	51	126	24	2	190	583	14	597
1968	572,960	8,866	126	83	16	40	139	27	1	209	561	15	576
1969	579,930	8,918	113	89	14	37	140	29	1	202	581	7	588
England and Wales 1969	48,826,800	797,542	10,662	8,232	1,371	4,794	14,397			18,894	67,042	1,107	68,149

RATES, SOMERSET 1959 – 69. ENGLAND AND WALES 1969

Somerset	Live Births	Still Births	First Week Deaths	Neonatal Deaths	Infant Deaths	Maternal Deaths	Perinatal Deaths	Illegitimate L.B.%
1959	15.3	19.9	11.7	13.5	18.7	0.36	31.3	3.9
1960	15.9	17.6	13.1	14.8	19.8	0.00	30.4	4.3
1961	15.8	18.0	8.9	10.8	15.8	0.12	26.8	4.5
1962	16.5	17.2	11.3	13.2	17.4	0.34	28.2	5.0
1963	16.6	15.4	8.8	10.9	14.7	0.22	24.1	4.9
1964	16.9	15.2	7.4	8.9	13.0	0.11	22.5	5.8
1965	16.8	15.1	9.2	10.7	17.3	0.21	24.2	5.9
1966	16.5	13.9	8.9	10.8	15.1	0.11	22.7	6.2
1967	16.2	13.4	7.4	8.3	13.9	0.22	20.7	6.4
1968	15.5	14.0	9.2	11.0	15.6	0.11	23.2	6.3
1969	15.4	12.5	10.0	11.6	15.7	0.11	22.4	7.0
England and Wales 1969	16.3	13.0	10.0	12.0	18.0		23.0	8.0

CONGENITAL DEFECTS

During 1969, a total of 162 congenital abnormalities observed at birth were notified to the Registrar General representing a figure of 1.83% of the total births. This compares with totals of 185 in 1968 (2.06%) and 175 in 1967 (1.91%).

There has been a slight increase in the overall number of central nervous system abnormalities and in spina bifida cases, although there was a reduction in the number of reported cases of hydrocephalus without spina bifida. Twenty-six children with spina bifida survived their birth, the highest number yet recorded. Mild talipes not requiring treatment was not this year notified to the Registrar General so there has been a marked decrease in the total number recorded compared with 1968.

The following table shows the main malformations listed in accordance with the Registrar General's classification.

Main Defects Notified at Birth	1968	1969	
	All Births	Live Births	Still Births
Anencephalus	12	—	9
Spina bifida	13	16	—
Hydrocephalus with spina bifida	6	10	5
Hydrocephalus	9	1	4
Pilonidal sinus	4	8	—
Heart defects	2	5	—
Lung defects	—	1	—
Ear defects	3	3	—
Cleft Lip and/or Palate	14	9	—
Oesophagael Atresia	1	3	—
Intestinal defects including exomphalos and imperforate anus	4	4	1
Renal tract defect	1	2	1
Hypospadias	14	12	—
Congenital dislocation of hip	3	4	—
Talipes	52	34	—
Abnormal digits	16	14	—
Mongolism	4	5	1
Achondroplasia	3	—	—
Multiple abnormalities	6	2	2
TOTALS	167	133	23

A comparative study of reports from various areas published in 1969 by the General Registrar's Office demonstrates that Somerset was amongst the Local Health Authorities commended for reporting at birth a high proportion of certain of the congenital defects.

CHILDREN 'AT RISK' OF DEVELOPING HANDICAPPING CONDITIONS

A small number of children at high risk for deafness and other handicaps were followed up by health visitors, and in some cases by the home teachers of the deaf, until their development and hearing responses were proved to be satisfactory.

As before, severe anoxia at birth, rubella in pregnancy, prematurity, severe jaundice at birth and family history of deafness were the main criteria for observation. In addition, requests for special hearing tests were received from paediatricians and family doctors; many children were referred by family or clinic doctors and health visitors because of late speech or speech defects. A hearing test was also advised for all children with cleft palate or other congenital defects, repeated otitis media, cerebral palsy and general retardation.

Although the concept of 'risk' is acknowledged and health visitors and clinic doctors are aware of the special ante-natal, perinatal and post-natal factors making observation necessary, it has not been considered advantageous to keep a large number of children on an 'at risk' register.

Health Visitors were encouraged to do as many routine hearing tests on normal infants as possible although universal screening for deafness in infancy has not yet been attained.

UNDERWEIGHT BABIES

Babies weighing 5½lbs or less at birth are either premature or dysmature - both conditions carrying a higher risk of death. Somerset in common with other rural parts of the south west has fewer of these babies. The reason for this is not yet known.

Deaths of underweight babies in the first month of life totalled 54 out of 543 live born. The survival of 90.5% of the 543 for at least a month is much better than the 70% of some ten years ago.

If, however, some of the reasons for 'prematurity' could be discovered and controlled, the loss of infant life could be further reduced. For this reason Somerset in common with other local authorities in the south west has been participating in a survey of underweight babies throughout the area, undertaken by the University of Exeter.

The table below shows the perinatal death rate as nearly ten times higher in 'underweights' than all-weights.

**Table showing perinatal mortality rates
Underweight and all-weight babies. Somerset 1963–1969**

Locally collected figures						Registrar General's figures	
Year	Total Under-Weight births (Live & still)	Under-Weight still-births	Under-Weight first week deaths	Under-Weight perinatal deaths (first week deaths plus still-births)	Under-Weight perinatal death rate per 1000 total births	All weights perinatal deaths (first week deaths plus still-births)	All weights perinatal death rate
1963	565	87	35	122	216	217	24.1
1964	578	77	42	119	205	209	22.4
1965	587	73	48	121	206	226	24.2
1966	588	84	44	128	222	212	22.7
1967	539	84	31	115	213	190	20.7
1968	559	60	49	109	198	209	23.0
1969	615	72	52	124	201	202	22.0

DEATHS OF CHILDREN UNDER A YEAR – INFANT MORTALITY

This year's figures show little change (from 139 to 140) with a slight rise in the rate from 15.6 to 16.0. Illegitimate babies again fared worse with a rate of 24 compared with 15 for legitimate ones. Congenital abnormalities caused a quarter of the deaths and birth injury a third, both fairly constant figures. Other unspecified cases which include prematurity made up nearly one quarter; the lack of a more detailed analysis of such a large group makes it difficult to plan preventative measures.

Deaths in the first week totalled 89 comprising nearly two-thirds of the year's loss.

Deaths in the first four weeks numbered 103 of the 140 – mostly from the causes indicated above.

Deaths 1-12 months Having survived the hazards of birth and the first week's relatively few babies succumb to the later effects of congenital abnormalities or to respiratory infections which are the principal killers. The rate of dying in the post-natal period has remained almost steady over the past ten years, however, while other rates have continued to fall.

Deaths of children – 1–5 years There were 29 deaths in this age group, the principal causes being 6 from respiratory disease, 5 in accidents not involving motor vehicles and 4 from congenital defects

ILLEGITIMACY

Total illegitimate births rose from 576 to 588 and although the stillbirths fell from 15 to 7, live births increased from 561 to 581 bringing the County illegitimate live birth rate to 6.5 per cent of total live births. Fewer babies are offered for adoption now but problems faced by their mothers are not much reduced. Social workers of the Somerset Churches Family Welfare Association helped 400 mothers and the Clifton Catholic Children's Society 21.

MOTHER AND BABY HOMES

Braeside accommodated 22 expectant mothers, and 4 mothers and babies were admitted post-natally. 24 mothers were assisted financially in homes outside the County. Braeside is not convenient for mothers in the northern half of the county because of the difficulty of visiting and some preferred to go to homes in Bristol and Wiltshire at their own expense.

The Keynsham Area Committee of the Somerset Churches Family Welfare Association is launching a scheme to provide self-contained flatlets for unsupported mothers and babies. This will help to meet a great need for this sort of accommodation.

CHILD HEALTH AND HEALTH VISITOR CENTRES

The fall in the number of immunisations and vaccinations at Child Health Clinics has continued rapidly as more practices enter the computer scheme, as the table below shows:

	Triple (Diphtheria Whooping Cough and Tetanus) (Primary and Booster)	% of total done	Poliomyelitis (Primary and Booster)	% of total done	Smallpox vaccination (Primary and Booster)	% of total done
1966	4,741	47	3,617	45	657	18
1967	5,328	45	3,398	37	603	13
1968	3,283	37	2,574	28	617	8
1969	989	15	823	13	161	2

The time freed has been used in county clinics to ensure more children see the doctor for periodic medical examinations, and to encourage previous non-attenders to come for these examinations.

Some family doctors have expressed an interest in providing a well-child service for their patients and a variety of arrangements have been made so that the doctor and the attached health visitor can jointly attend sessions. Some surgery premises are in use; in others doctors work in County Council-owned or rented premises.

Child Health Clinics and Health Visitor Centres 1966/69

	No. of clinics	No. of sessions	Child attenders			Total	Development examinations carried out	Estimated pre-school population	Live births
			0-1 years	1-2 years	2-5 years				
1966	152	3,255	6,212	6,190	8,597	20,999	—	—	9,194
1967	140	3,189	6,558	5,838	8,252	20,648	—	—	9,041
1968	136	3,108	6,028	5,523	8,391	19,942	—	—	8,836
1969	141	2,637	6,000	5,478	8,372	19,850	5,700	45,000	8,918

DISTRIBUTION OF WELFARE FOODS

The distribution of welfare foods has continued during the year through child health clinics, shops and voluntary distributors. There were 176 centres in the County at the end of the year. The following table shows the extent of welfare food distribution during the past five years:

Year	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin A & D Tablets (Packets)	Orange Juice (Bottles)
1965	67,158	11,952	13,297	132,155
1966	61,032	11,126	12,489	141,447
1967	47,518	10,067	11,310	144,334
1968	31,713	9,411	10,367	140,930
1969	21,454	8,844	11,283	164,154

There was again a very marked decline of 33 per cent in the sales of National Dried Milk, which are now only one third of what they were four years ago. Orange Juice sales have however shown a large increase over the previous year.

YOUNG HANDICAPPED CHILDREN

The central register for handicapped children has been maintained so that provision of facilities can be related as far as possible to the numbers and needs of the handicapped in any particular area. There are about 180-200 children in each birth year on the register under observation for some abnormality or condition which might cause mental or physical handicap. Of these only a small proportion will require special educational provision although most will need some special supervision by the school medical officer during their early school years.

A review carried out during 1969 of the young children with physical handicaps (excluding those with subnormality) showed an average of 6 each year with a severe enough condition to require education in a special school; of these the children with spina bifida outnumbered the rest by 4:1. For some of these placement early in a special nursery school has been of great advantage, since attendance at ordinary playgroups may not be practicable.

DAY NURSERIES

The three County Day Nurseries at Bridgwater, Keynsham and Taunton have continued to provide for 95 children. Places are allocated by the Admission Sub-Committees at their quarterly meetings. At the end of the year there were 112 children on the registers, and 32 children within the priority classes laid down by the County Council were on the waiting lists.

The average daily attendances at the three nurseries during the year were as follows:—

	<u>Attendances</u>		<u>Places allocated</u>
	<u>Full-time</u>	<u>Part-time</u>	
Bridgwater (25 places)	22	5	34
Taunton (35 places)	34	1	41
Keynsham (25 places)	26	8	37

There is growing pressure for nursery places for 'priority' groups and plans were made during the year for the provision of an additional 10 places at Taunton Day Nursery. Bridgwater has fewer urgent cases remaining on the waiting list for long periods but the demand does seem to be rising there now.

NURSERIES AND CHILD MINDERS

As a result of the publicity given to the new legislation which came into force on the 1st November, 1968, a very large number of applications for registration were received during 1969. The effect of this amending legislation is that people who previously were exempt because they were only caring for one or two children for a short period of a day now have to be registered.

During 1969, 353 applications were received in the Health Department, of which 215 were from child minders wishing to look after three children or less. The work of visiting and registration is very time-consuming and the Minister's recognition in Circular 36/68 that the 'new amendments would result in additional demands on the time and services of local authority staffs at a period when authorities have been asked to keep down current expenditure' has proved to be well founded.

For child minders who only wish to look after one, two or three children in their own homes visits for registration are paid by the Health Visitors, and for larger groups organised in households and groups meeting in premises the visits are made by Medical Officers.

At the end of the year there were 92 premises and 63 persons registered providing 2,198 and 479 places respectively. A very large additional number had been given permission to operate pending registration.

NURSING HOMES AND NURSING AGENCIES

Two Nursing Homes ceased to operate during 1969 and at the end of the year there were 20 homes on the register, providing a total of 354 beds, 4 of which are for maternity patients. No nursing home in Somerset is approved by the Department of Health for the carrying out of operations for termination of pregnancy.

The licence of the private nursing service in Weston-super-Mare was renewed under the Nurses Agencies Act, 1957.

MARRIAGE GUIDANCE

The County is served by the four branches of the Marriage Guidance Council, Taunton and South Somerset, Weston-super-Mare, Bath and District and Bristol, to whom the County Council make grants. The National Marriage Guidance Council is primarily concerned with marriage and family relationships and believes that the well-being of society is dependent on the stability of marriage. The objectives of the Council (which is a voluntary body depending mainly on voluntary service and on subscriptions and donations) are (1) to provide a confidential counselling service for people who have difficulties or anxieties in their marriages or in other personal relationships. (2) to provide an education service in personal relationships for young people, engaged and newly married couples and parents. (3) to equip men and women to do this work by means of a national system of selection, training, tutorial support and supervision. (4) to publish and distribute literature on a wide variety of topics relating to marriage and family life. (5) to provide courses and conferences for teachers, ministers of religion, youth leaders and others, and to co-operate with workers in related fields.

The Taunton and South Somerset branch have new headquarters in Taunton and provide services in Bridgwater, Glastonbury and Yeovil. Last year a total of 189 people sought help and in the majority of cases the welfare of children was also involved. In Weston-super-Mare where the Marriage Guidance Council has the use of a room provided by the local health authority the counsellors dealt with 71 new cases involving 341 interviews and 128 children.

A total of 45 new Somerset cases were handled by the counsellors of the Bath and District Marriage Guidance Council which is centred at Bath and offers weekly services at the new health centre at Frome. The counsellors of the Bristol Marriage Guidance Council gave 120 interviews to persons living in Somerset.

FAMILY PLANNING

Advice on family planning and the provision of supplies continued to be made available through the twelve clinics in Somerset operated by the Family Planning Association, which acts as agent for the County Council for medical cases (i.e. women to whom pregnancy would be detrimental to health).

The National Health Service (Family Planning) Act, 1967 was designed to permit local health authorities to review and extend their family planning facilities and publicise them and empowered them to make arrangements to provide on medical or social grounds contraceptive advice and supplies to any person, married or unmarried. So far financial stringency has prevented full implementation of the 1967 Act.

The following details of the work of the Family Planning Association in Somerset have been given by the Branch Organising Secretary.

	<u>1967</u>	<u>1968</u>	<u>1969</u>
Clinics	12	12	12
Clinic sessions	582	713	821
Doctor sessions	733	923	1,094
Medical cases helped by the Somerset			
County Council	264	241	399
Total patients attending	3,772	4,689	6,198
New patients	1,527	1,952	2,241
Marital problem cases	90	96	39
Sub-Fertility cases	46	15	21
Cervical cytology tests	1,876	3,148	1,342

CERVICAL CYTOLOGY

The service provided by the local authority is complementary to that given by general practitioners, and Health Department doctors perform cervical cytology tests on patients referred by their family doctors. Throughout the year, advertisements were placed regularly in local newspapers urging women over 35 years to consult their general practitioners for testing. Leaflets were also prepared in consultation with the local medical committee and were distributed widely to women's organisations.

NURSING SERVICES

The County Council has continued its overall policy of maintaining a combined service of District Nursing, Midwifery and Health Visiting in the rural areas. In the urban centres full-time midwives, home nurses and health visitors are employed.

The day to day administration of the nursing, midwifery and health visiting services is carried out by the County Nursing Officer, Deputy County Nursing Officer (who is responsible for attachment schemes and Health Education) and five Area Nursing Officers.

The Nursing establishment is 314 full-time equivalent and the nurses employed at the end of the year are shown in the table below:—

Deployment of staff according to duties undertaken	Full-time	Part-time
District Nurse/Midwife/Health Visitors (S.R.N., S.C.M.)	123	8
District Nurse/Health Visitors (S.R.N., Part I Midwifery Cert.)	3	5
District Nurse/Midwives (S.R.N., S.C.M.)	54	9
District Nurses (S.R.N.) (including 7 male district nurses)	24	29
Full-time Domiciliary Midwives (7 S.R.N., S.C.M. 2 S.C.M.)	9	—
Health Visitors (S.R.N., S.C.M.) (S.R.N. and Part I Midwives Cert.)	30	5
Tuberculosis Health Visitor/School Nurses (S.R.N., S.C.M.)	2	—
State Enrolled District Nurses (S.E.N.)	5	14
District Nursing Auxiliaries (Acting as Bath Attendants)	—	9
School Nurses (S.R.N.)	—	8
Clinic Nurses (S.R.N.)	—	3
Administrative Staff (S.R.N./S.C.M./H.V.)	7	1
	257	91
Vacancies not covered	10	3

The large turnover of staff which has been an increasing feature of staffing in latter years was accentuated in 1969 by the retirement of 15 staff. This is an unusually large proportion, the normal number being 4–8 per annum. As usual, a number of staff left for marriage or for work overseas, and some married staff (mainly part-time) found it necessary to leave for domestic reasons or because their husbands' work took them to other areas.

Recruitment, particularly of part-time staff showed some improvement, but there is still difficulty in obtaining fully qualified staff of the quality required. Few applications are received for generalised posts from outside the County, and it is necessary to rely mainly on the students who are sponsored for Health Visitor Training by the County Council. The appointment of ancillary staff to assist qualified health visitors and district nursing sisters has proved very advantageous. These appointments are usually part-time. Careful arrangement of hours of work has helped to make staff available when they are most needed. Full-time staff have been encouraged to arrange their own off-duty periods so that they are on duty during the busy times of the week and this has made some additional time available.

Nursing auxiliaries continue to give valuable ancillary help. The County Nursing Officer has met Officers of The British Red Cross Nursing Division to discuss whether Red Cross nursing aids could be employed to help. These discussions continue.

Employment of part-time staff has increased steadily, and there is no doubt that because of this we have been able to maintain a standard of service which would otherwise be quite impossible.

TRAINING

District Training

Because of changes in staff in Bristol, the September district nurse training course was not held, as a result of which the in-service training course for Somerset nurses was postponed until January. However, nine were able to complete this training during the year by attending other training schools.

Health Visitor Training

Twelve students successfully completed health visitor training during the year, taking the last three months as practical training within the County. Two health visitor students from the Bristol centre took their field work instruction within the County with an approved Fieldwork Instructor. There is still a good response to advertisements for health visitor training, but the educational standard of many applicants is disappointing.

Midwifery

Twenty three student midwives from Musgrove Park Hospital Maternity Unit, Mary Stanley Home, Bridgwater and St. Martin's Hospital, Bath completed Part II Midwifery training during the year. It is anticipated that Yeovil Maternity Unit will shortly have student midwives whom they wish to place for the requisite district experience.

District Nursing Instruction for Pupil Nurses in Training

During the year Bridgwater Hospital and Yeovil Hospital asked us to accept selected pupil nurses to undertake a "course of instruction in district nursing" during their state enrolled nurse training.

This course has to be approved by the General Nursing Council and entails approximately eight weeks experience and instruction in District Nursing, made up of two days observation during the introductory period, two weeks at the end of the first year, six weeks at the end of the second year. It was possible to make arrangements with the two hospitals to assist them in this way and the courses commenced in Bridgwater in May and in Yeovil in October. Most lectures are given whilst the student is training in hospital but one of your Area Nursing Officers, who holds a tutor's certificate, is taking responsibility for tutorials whilst the pupil is on the district.

The annual three-day study course was held in May and was well attended by County nursing staff and by staff from hospitals and other departments of the Somerset County Council.

Further courses were held on assessment of hearing, the aim being to have all health visitors trained in this skill. It is hoped that in time this instruction will be included in the training of the health visitor.

Thirty six staff attended Winchester Hospital for instruction on early rehabilitation of patients in their homes. Two half-day study sessions were held for nursing auxiliaries.

The number of students making observation visits during training was 142, an increase on 1968. We were pleased to welcome a nurse from Greece who was travelling on a World Health Scholarship. An Area Nursing Officer continued to give lectures on social aspects of disease to student nurses at Musgrove Park Hospital. As usual Midwives, Health Visitors and general nurses attended refresher courses held in various parts of the country.

The demands made on all staff to assist in training programmes of various types grow steadily. Despite the additional work involved it is essential that public health nurses co-operate as much as possible in these schemes. From these student nurses, pupil nurses and post graduate students we shall hope to recruit staff in the future. Nevertheless it does entail an increase of work and may result in some need of additional staff.

HOUSING

During the year, two houses were purchased at Bridgwater and Merriott for the District Nursing Staff. At the end of the year, the County Council owned seventy-eight and rented ten houses from private landlords and seventeen from local housing authorities.

TRANSPORT

At the end of the year, the fleet of cars for nursing and health visiting staff, provided by the County Council, numbered one-hundred and 245 nurses and health visitors received travelling allowances for the use of their own cars.

MIDWIFERY

For the purpose of the Midwives Act, the Medical Supervisor of Midwives is the Senior Medical Officer for Maternal and Child Health and non-medical supervision is carried out by the County Nursing Officer, Deputy County Nursing Officer, and five Area Nursing Officers. Visits to maternity units are made by the County Nursing Officer as non-medical supervisor of midwives.

During the year, 225 domiciliary staff and 206 hospital midwives notified their intention to practice. Private midwives in nursing homes and domiciliary practice numbered five. Notifications of exposure to infection numbered eighty-seven and these were investigated. Medical aid was sought in 609 cases.

At the end of the year, nine full-time and 181 part-time midwives were employed in domiciliary practice and during 1969 they attended 1,003 deliveries, a decrease of 250 from the previous year. It is to be noted that the downward trend of domiciliary deliveries has continued, as is shown by the following figures.

<u>Year</u>	<u>Home Deliveries</u>
1962	2,453
1964	2,195
1966	1,867
1968	1,253
1969	1,003

In the 24-hour General Practitioner Unit at Musgrove Park Hospital seventy-two patients were delivered by domiciliary midwives in 1969. The success of this unit was encouraging and as a result arrangements were made for a similar unit at the Mary Stanley Home at Bridgwater. This unit was opened in November and already several bookings have been made for 1970.

Domiciliary midwives continue to assist on a voluntary basis in some general practitioner units when crises arise.

The steady decline in domiciliary midwifery seriously affects not only recruitment but discourages existing domiciliary midwives from continuing to practice. Despite a reduction in home confinements, the early discharge of more women in the early days of the puerperium together with ante-natal care and parentcraft instruction make it necessary to maintain a midwifery service outside of hospital.

ANALGESIA

All midwives are now supplied with Entonox Gas and oxygen apparatus.

HOME NURSING

The 1968 Public Health and Health Services Act allowed 'Home Nurses' to undertake the care of patients in places other than in their own homes. (Prior to that Act, care had been LEGALLY restricted to the patient's home). As attachment schemes settle down advantage is being taken of this and there is ample evidence of change in the pattern of the work of the district nursing sister. In many areas she sees and treats a number of her patients in the doctor's surgery or the Health Centre, and although she continues to be responsible for the nursing care of the sick in their homes, she may make use of ancillary nursing staff to carry out some of this work.

Mechanical aids are still used widely by nursing staff for heavy cases, and there has been a noticeable demand for the use of alternating pressure mattresses. The use of incontinent pads went up considerably again in 1969, and there is a surprisingly high demand for incontinence pants and linings for ambulant incontinent patients.

The Marie Curie Day and Night nursing service rendered valuable help to thirty cancer cases during the year.

MEDICAL COMFORTS

A joint working party of representatives of The British Red Cross Society and The St. John Ambulance Association and Brigade has been meeting with the object of reviewing the medical loan scheme.

The siting and manning of depots throughout the County has been examined and a joint service planned with a network of main depots and sub-depots run by The British Red Cross Society and The St. John Ambulance Association and Brigade.

A number of contact points, which carry no stock but where the public can apply to borrow equipment, have been established. A number of the smaller medical loan depots have been closed and the situation at the end of the year was as follows:—

	<u>Main Depots</u>	<u>Sub-Depots</u>
The British Red Cross Society	14	20
The St. John Ambulance Association and Brigade	6	7

Previously there were ninety depots in the County.

HEALTH EDUCATION

The small Health Education study group set up in 1967 continued to meet to discuss needs and methods in health education, reports being sent to the County Nursing Officer. The information has proved helpful and has been used as a basis for choice of materials to be made available to staff.

Health Visitors have undertaken the setting up of Health Education displays for study days and for horticultural and other shows on request. Talks on matters pertaining to Health Education have been given to various organisations and to school children and others by members of the staff throughout the year.

Although co-operation between general practitioners and public health nurses (on Health Education) is slow, Health Visitors are making good use of space available at health centres and practice premises for displays of posters, etc.

A quantity of Health Education materials and aids are available to staff including visual aids of various types, posters and leaflets, etc.

Five 16 m.m. sound film apparatus and a number of film strip projectors are available to staff and are well used.

HEALTH VISITING

Each year sees an increase in the number of staff who are qualified health visitors, and of 174 only four remain to undertake this work without qualification.

As with generalised staff, recruitment of full-time health visitors is difficult, and there is a tendency to get a number of applicants who are in the higher age groups. This is probably partly due to the high marriage rate among young women after qualification, when their availability for a post depends upon the husband's place of work.

General Practitioner attachment is changing much of the health visitor's work and where attachment is working well it is giving greater interest and scope. The need for more clerical assistance to be available to health visitors has been recognised and efforts are being made to ensure that this help is provided.

A second Field Work Instructor has been approved who will assist with the students from the Bristol Centre who take their field work within the County.

HOSPITAL LIAISON

Health Visitors continued to liaise with children's wards and chest clinics throughout the county during the year, and it is hoped shortly to extend this to include some geriatric units.

There is some evidence to suggest that hospitals are becoming more aware of the value of the skilled district nurse. Although there has been no dramatic change in the number and type of cases discharged for skilled home nursing, there is a small increase in the number of surgical cases sent home at an early stage.

Senior Nursing Officers have again been asked to speak at first line management courses for hospital staff. This contact has proved a very useful one and has helped considerably in gaining co-operation with hospital personnel.

ATTACHMENT

The year saw still further advance towards our ultimate aim of 100 per cent general practitioner attachment of public health nursing staff. At the end of the year approximately eighty-five per cent of the county was covered by attachment. Existing schemes were no longer restricted to geographical areas but covered the whole of the practice within the County Boundary.

New attachments were started in the following areas:—

Bruton, Frome, Beckington, Rode, Stoke-under-Ham, West Coker, Portishead, Pill, Long Ashton, Dulverton, Bishops Lydeard and Creech St. Michael, and are planned for Keynsham, the Stoweys, Cannington and Batheaston early in the new year.

In the areas that will then remain un-attached it is probable that there will be some delay before more progress can be made. Wherever possible in these areas, staff are responsible for the total case load of the practices in their area, and every effort is being made to ensure that there is an increasing liaison with the practices involved. As staff and other changes make it possible attachment schemes will be started.

Discussions have commenced between the nursing officers of this county and those of Wiltshire and Gloucestershire to consider the possibilities of staff crossing the county borders to care for the patients of the doctors to whom they are attached. If agreement is reached it is hoped that this will start early in the new year.

Public Health Nursing staff are spending a lot more of their time in doctors' surgeries undertaking certain nursing duties that they might otherwise have carried out on their districts. Attached public health nurses are attending a greater number of clinics with doctors in their surgeries, and many more doctors have made rooms available for the use of the attached nursing staff.

In two practices, in order to give necessary cover for surgery work, a joint appointment has been made of a surgery nurse. These nurses assist the doctors in their surgeries and are also available to help the district nursing sisters in the surgery and on the district if required.

In 1969 the first three health centres incorporating practice premises were opened at Frome, Glastonbury and Cheddar. These centres are staffed on the nursing side by public health nurses who are finding their work much enhanced by the additional facilities and ease of contact with the general practitioners now available to them.

HOME HELP SERVICE

The number of homes visited by Home Helps during the year rose from 4,542 to 4,652, an increase of 110. Those remaining on the books at 31st December numbered 3,143 in 1969 compared with 2,985 in 1968, an increase of 158. Though the number of new applicants accepting help in 1969 remained almost the same as in 1968 (1,914 against 1,917) the number visited who were not sent help for some reason rose by 70, from 218 to 288. In many instances, however, the organisers managed to arrange help on a private basis for those in need who were in a position to pay for it.

There is an ever increasing temptation to arrange help in a regular pattern of two hourly visits on five days a week between the hours of 9 - 4, the hours that the majority of Home Helps, especially those with small children, are most readily available, but the many sick or handicapped people who cannot light a fire, cook a meal, dress themselves or make a bed need help at all times. Motherless children of school age have to be seen off to school before nine in the morning and need a welcome, a fire and a meal when they return in the afternoon. The elderly who normally want only a little supportive help may suddenly become ill and need help at night or at odd times of the day. There are of course many relatives, friends and neighbours who are available at weekends or in the evenings, but a service which does not attempt to help those who need help at unusual times is obviously not fulfilling its real purpose. When this type of help is required the Organiser must use all her ingenuity and powers of persuasion. Fortunately the type of woman who is prepared to undertake Home Help work also enjoys rising to the occasion if she is not prevented by family ties, and though untrained, possesses initiative and commonsense and is anxious to undertake many unusual tasks in the course of her duties, thus making her an ideal partner for the district nurse.

The year was in some ways the most difficult in the short history of the Home Help Service. The increasing area case-loads mean that no member of the administrative staff was really able to spare time from her own duties to do relief work in another area. During the year many of the area staff, both administrative and clerical, were absent for periods of sick leave and none of the seven areas escaped without some disruption. That the service suffered so little as a result is due to the valiant efforts of the remaining staff who accepted unaccustomed responsibility and many hours of overtime without complaint. Towards the end of the year when the areas were once more fully staffed the influenza epidemic hit the Yeovil area and rapidly spread throughout the county. As many Home Helps as possible were inoculated with the result that the casualty list was far lower than that of the Asian influenza epidemic of 1957, but the calls on the service, especially from the elderly, increased sharply and all areas were working to capacity.

The number of Home Helps on the register increased from 721 in 1968 to 770 in 1969 but a decline in the number of full-time workers meant that the full-time equivalent rose only from 402 to 409. Many workers officially listed as part-time are, however, prepared to work longer hours for brief periods should an emergency occur in their vicinity. There remains a severe recruitment problem in many parts of the county and at one period a restricted service was run in the town of Taunton to avoid overworking its hardpressed staff. The number of resident Home Helps is well below strength.

The Glastonbury area office moved into the new Glastonbury Health Centre in September and this ensures close liaison between the doctors, district nurses and the Home Help Service.

A well attended Service of Thanksgiving was held in Wells Cathedral in September to mark the 21st anniversary of the inauguration of the Home Help Service in Somerset.

The organising staff made 20,327 visits during the year compared with 19,513 in 1968, in more difficult conditions and with only a small increase in organising staff. Many more visits were paid by the indispensable band of voluntary helpers, to whom I once more pay a well deserved tribute.

PATIENTS HELPED 1969

	Old age (over 65)	Chronic Sick	Mental Illness	T.B.	Post Operative	General Illness	Maternity	Post & pre natal	Accidents	Child Care	Total	Total for year
WESTON-SUPER-MARE												
Ceased	156 (126)	4 (27)	4 (9)	— (—)	18 (23)	11 (42)	6 (16)	10 (4)	5 (16)	1 (—)	215 (263)	709 (737)
Cont.	427 (392)	46 (42)	7 (9)	— (1)	5 (21)	1 (4)	— (—)	1 (—)	3 (2)	4 (3)	494 (474)	
CLEVEDON												
Ceased	68 (75)	6 (5)	5 (2)	— (—)	29 (24)	19 (7)	36 (42)	5 (3)	6 (2)	1 (4)	175 (164)	439 (422)
Cont.	234 (219)	12 (20)	2 (1)	— (—)	7 (6)	3 (6)	1 (2)	1 (1)	3 (2)	1 (1)	264 (258)	
MIDSOMER NORTON												
Ceased	139 (148)	7 (15)	5 (1)	1 (—)	17 (15)	20 (13)	7 (24)	10 (4)	11 (2)	1 (4)	218 (226)	737 (749)
Cont.	461 (484)	40 (22)	2 (1)	— (1)	9 (5)	4 (4)	— (—)	— (1)	— (3)	3 (2)	519 (523)	
GLASTONBURY												
Ceased	67 (74)	14 (19)	3 (2)	1 (1)	18 (12)	11 (13)	26 (34)	7 (2)	1 (1)	— (3)	148 (161)	403 (396)
Cont.	201 (192)	40 (25)	1 (—)	— (1)	2 (7)	5 (3)	— (—)	1 (1)	1 (2)	4 (4)	255 (235)	
BRIDGWATER												
Ceased	135 (125)	20 (12)	3 (1)	1 (—)	10 (24)	13 (18)	19 (16)	12 (5)	6 (6)	7 (6)	226 (213)	816 (761)
Cont.	509 (451)	53 (60)	8 (9)	2 (3)	5 (7)	5 (8)	— (2)	2 (1)	1 (3)	5 (4)	590 (548)	
YEOVIL												
Ceased	133 (174)	21 (20)	2 (2)	— (1)	11 (14)	1 (14)	38 (34)	6 (12)	6 (1)	— (5)	218 (277)	686 (736)
Cont.	419 (397)	30 (33)	8 (5)	— (1)	4 (13)	2 (—)	3 (2)	— (3)	— (4)	2 (1)	468 (459)	
TAUNTON												
Ceased	185 (140)	37 (12)	4 (1)	— (—)	15 (19)	14 (26)	32 (40)	11 (4)	5 (3)	6 (8)	309 (253)	862 (741)
Cont.	482 (411)	54 (64)	3 (4)	— (—)	3 (2)	2 (1)	— (—)	1 (—)	3 (2)	5 (4)	553 (488)	
Total Ceased	883 (862)	109 (110)	26 (18)	3 (2)	118 (131)	89 (133)	164 (206)	61 (34)	40 (31)	16 (30)	1509 (1546)	4652 (4542)
Total Cont.	2733 (2546)	275 (266)	31 (29)	2 (7)	35 (61)	22 (26)	4 (6)	6 (7)	11 (18)	24 (19)	3143 (2985)	

* Not all applicants could be provided with help owing to shortage of staff in Taunton Borough.

** Axbridge Rural District transferred from Weston-super-Mare area to the Glastonbury area and Shepton Mallet Urban District transferred from the Glastonbury area to the Midsomer Norton area in July 1968.

Long Term Cases

Maternity Bookings	Resident	Full-time	Part-time	Few hours	Cancellations	Over 12 months 1969 1968	Over 6 months 1969 1968
Weston-super-Mare	— (—)	— (2)	— (3)	6 (7)	6 (5)	353 (343)	63 (53)
Clevedon ...	— (—)	2 (1)	16 (15)	18 (26)	14 (8)	187 (172)	26 (30)
Midsomer Norton ...	— (4)	— (2)	4 (6)	3 (12)	5 (10)	400 (401)	47 (58)
Glastonbury ...	2 (1)	1 (10)	13 (13)	10 (9)	3 (3)	178 (143)	31 (34)
Bridgewater ...	2 (1)	— (7)	12 (4)	5 (16)	7 (14)	431 (379)	73 (79)
Yeovil ...	7 (6)	7 (—)	24 (11)	5 (10)	9 (9)	348 (328)	60 (44)
Taunton ...	4 (8)	9 (8)	6 (18)	13 (6)	7 (6)	408 (346)	50 (60)
	16 (20)	19 (30)	75 (70)	58 (86)	51 (55)	2 305 (2 112)	350 (358)

HOME HELPS ON REGISTER 1969

	Full-time 1969 1968	Resident	Part-time	Casual	Night Attendants and Sitters in	Total 1969 1968	Full-time equivalent 1966 1968
Weston-super-Mare	12 (26)	- (-)	88 (93)	3 (6)	7 (8)	110 (133)	61 (78)
Clevedon	4 (5)	- (-)	46 (44)	3 (16)	- (-)	53 (65)	28 (33)
Midsomer Norton	9 (9)	1 (1)	106 (88)	21 (16)	- (-)	137 (114)	70 (59)
Glastonbury	10 (8)	- (-)	45 (30)	11 (12)	2 (-)	68 (50)	37 (27)
Bridgwater	8 (18)	- (-)	113 (93)	18 (18)	2 (2)	141 (131)	71 (72)
Yeovil	13 (13)	- (-)	92 (82)	16 (13)	1 (1)	128 (109)	65 (58)
Taunton	24 (34)	1 (2)	90 (65)	16 (15)	2 (3)	133 (119)	77 (75)
	80 (113)	2 (3)	580 (495)	78 (96)	14 (14)	770 (721)	409 (402)

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New Applicants Visited

	New Cases	Abortive Visits
Weston-super-Mare	278 (320) **	34 (19)
Clevedon	184 (193)	47 (18)
Midsomer Norton	241 (199) **	56 (45)
Glastonbury	170 (157) **	25 (20)
Bridgwater	388 (355)	65 (64)
Yeovil	258 (278)	42 (25)
Taunton	*395 (415)	19 (27)
	1914 (1917)	288 (218)

Actual number of old people helped

	1969	1968
Weston-super-Mare	209	(132)
	Cont. 553	(452)
Clevedon	97	(98)
	Cont. 305	(300)
Midsomer Norton	161	(177)
	Cont. 567	(549)
Glastonbury	100	(80)
	Cont. 268	(244)
Bridgwater	172	(159)
	Cont. 675	(616)
Yeovil	173	(223)
	Cont. 600	(540)
Taunton	258	(235)
	Cont. 639	(685)
TOTAL	1170	(1104)
	Cont. 3607	(3386)

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Figures for 1968 in brackets.

* Not all applicants could be provided with help owing to shortage of staff in Taunton Borough.

** Axbridge Rural District transferred from Weston-super-Mare area to the Glastonbury area and Shepton Mallet Urban District and Rural District transferred from the Glastonbury area to the Midsomer Norton area in July 1968.

HOME DIALYSIS

During the year assistance was given to six patients so that they could be discharged from hospital for home treatment. For three of these patients suitable rooms in their homes were converted, the average cost per conversion being £499.

In the case of the other three, all of whom lived in council houses, no room could be spared for conversion, neither could they be re-housed, so extensions were necessary.

Two of these patients lived in Taunton, and it was decided to provide two different types of building so that the advantages and disadvantages of each could be assessed. One type was an individually designed wooden chalet, erected on a concrete and asphalt floor, which together with site works cost approximately £954. In the event this building had been in use for only one month when the patient died.

The other type, the "Portakabin", is a prefabricated unit supplied by a Yorkshire-based firm. This attractive building had not previously been used in this area for the purpose and its arrival caused much interest to the Press. It has several advantages in that although it costs about the same (including crane hire charges) as the wood chalet, there is a much shorter delivery period, and being a standardised unit few problems as regards planning permission seem to be raised.

The unit arrives on a lorry and has to be craned into position. Prior arrangements are made for water supply, drainage, electricity supply and telephone to be available at the site and the only other requirement is the provision of four concrete slabs on which the metal legs of the unit rest. The unit is delivered with good exterior and interior finish and is complete with sinks, surfaced worktops, shelves, etc., and a separate store for materials.

Once it is in position and the services connected, treatment can begin as soon as the hospital staff have installed the dialysis machine. Whilst experience may indicate that minor modifications may be necessary, there is no doubt that this unit is very efficient for its purpose, and the patient is pleased with it and takes some pride in maintaining it.

The unit can, of course, be easily moved should the patient no longer require it or move house. The life of this unit is claimed to be 20 years as against 10 years for the wooden chalet.

VACCINATION AND IMMUNISATION

The arrangements outlined in my Reports for 1967 and 1968, whereby use of the computer in the County Treasurer's Department is made to enable children to be called up automatically to doctors' surgeries to receive their vaccinations and immunisations as they become due, were continued during the year. At the end of October the 100,000th Somerset child was entered into the scheme which makes it the largest in the Country. Only a very small number of general practitioners now remain outside the scheme. A few, however, have declined to enter the scheme despite its very obvious advantages to their patients. In 1970 arrangements will be made for the children concerned to be called to a County Council clinic to receive their immunisations.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

During the year 6,495 children under sixteen years of age completed a primary course of diphtheria immunisation and a further 7,840 received reinforcing injections. Six thousand and nine children were given protection against whooping cough.

TETANUS IMMUNISATION

Primary courses of tetanus immunisation were completed by 7,769 children under sixteen years of age and a further 9,756 children received a reinforcing injection.

SMALLPOX VACCINATION

Seven thousand one hundred and thirty-two primary vaccinations and 3,395 re-vaccinations of children under sixteen years of age were carried out during the year. The primary vaccinations included 6,906 children under five years of age.

YELLOW FEVER VACCINATION

Three hundred and twenty-four persons were vaccinated against yellow fever at the Yellow Fever Vaccination Centre, Taunton.

POLIOMYELITIS VACCINATION

Primary courses of poliomyelitis vaccination were completed by 7,600 children under sixteen years of age and 8,073 school children received a reinforcing dose.

ANTHRAX VACCINATION

In addition to vaccinations carried out by Appointed Factory Doctors, Assistant County Medical Officers gave three persons a course of three injections, five persons the completing injection of a primary course, eighty-eight persons the first two injections of a primary course and sixty-one persons their annual reinforcing injection.

MEASLES VACCINATION

In March, after consultation with the Department of Health and Social Security, Burroughs Wellcome Ltd. advised immediate suspension of the use of their measles vaccine prepared from the Beckenham strain of attenuated measles virus.

The programme continued with the Glaxo vaccine prepared from the Schwarz strain, but during the period from March to September supplies of vaccine were in short supply.

Three thousand five hundred and five measles vaccinations were given during the year.

IMMUNISATION

Number of children who completed a full course of primary immunisation against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1969

Type of immunisation	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1965-62		
Diphtheria	117	5114	89	397	712	66	6495
Whooping Cough	117	5095	72	387	336	2	6009
Tetanus	117	5114	90	398	722	1328	7769
Poliomyelitis	117	5164	77	509	1051	682	7600

Number of children who received a reinforcing does against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1969

Type of immunisation	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1965-62		
Diphtheria	—	100	490	128	6341	781	7840
Whooping Cough	—	98	465	116	293	39	1011
Tetanus	—	102	500	146	6489	2519	9756
Poliomyelitis	—	64	205	56	6511	1562	8398

SMALLPOX VACCINATION

Number of children vaccinated (or re-vaccinated) in the year ended 31st December, 1969

Age at date of vaccination	Number vaccinated	Number re-vaccinated
0 - 3 months	6	—
3 - 6 months	12	—
6 - 9 months	14	—
9 - 12 months	11	—
1 year	4676	—
2 - 4 years	2187	1852
5 - 15 years	226	1543
TOTAL	7132	3395

CHIROPODY

The Chiropody Service, introduced in 1960, is available to all elderly persons of pensionable age, physically handicapped persons and expectant mothers. The scheme provides considerable benefit, especially to the elderly, by helping them to retain their mobility and the figures in the following table show the development of the service since its inception.

Year	No. of Chiropodists accepting patients	New Cases	No. of treatments given		Total
			Surgery	Domiciliary	
1962	26	790	10,730	2,168	12,898
1963	28	1,516	12,089	4,067	16,156
1964	42	2,574	24,903	6,737	31,640
1965	45	1,902	31,718	11,725	43,443
1966	48	2,284	36,054	14,212	50,266
1967	51	2,446	39,927	17,177	57,104
1968	52	1,878	38,380	17,687	56,067
1969	54	1,932	35,489	16,900	52,389

The total number of patients was 8,377, and this compared with the number of treatments given shows that, on average, patients received approximately 6–7 treatments during the year.

Apart from the treatment provided by Chiropodists in their surgeries, and, when necessary, in the patients' homes, 50 Clubs for the elderly still continue to hold chiropody sessions for their members. These are organised within the clubs, but financial help is given by the County Council. The voluntary work done by Club Organisers is invaluable and I am grateful for their willing co-operation and help.

Treatment on a sessional basis is also being continued in 21 Homes for the Elderly at the request of the County Welfare Committee.

Information was received from the Whitley Council that from 1st January, 1969 fees payable to State Registered Chiropodists working for Local Health Authorities had been increased to 12s. 0d. per patient for surgery treatment and 19s. 0d. per patient for domiciliary treatment. The sessional fee was also increased from £2 11s. 6d. to £2 18s. 0d.

The Patients' contribution towards the cost of treatment (which was raised in October 1967) continues at 3s. 6d. for surgery treatment, and 7s. 0d. for a domiciliary treatment, but in cases of hardship this latter can be reduced.

AMBULANCE SERVICE

GENERAL

During 1969 the upward trend in both patients and mileage continued; 4,249 more patients were conveyed, an increase of 1.87%. The mileage rose by 41,899, an increase of 2.38%. The following table gives the details for the years 1968 and 1969:—

1968	Patients	Mileage	Average distance travelled per patient (miles)
Ambulances	78,854	688,107	8.73
Sitting-case Ambulances ...	132,995	926,363	6.97
Cars	11,753	103,010	8.76
Totals — Service Vehicles ...	223,602	1,717,480	7.68
Hospital Car Service	2,851	30,021	10.53
Private Hire (ambulances and cars)	544	12,071	22.19
All Vehicles	226,997	1,759,572	7.75
1969			
Ambulances	78,335	698,226	8.91
Sitting-case Ambulances ...	137,224	935,391	6.82
Cars	9,767	102,993	10.54
Totals — Service Vehicles ...	225,326	1,736,610	7.71
Hospital Car Service	5,518	55,235	10.0
Private Hire (ambulances and cars)	402	9,626	23.95
All Vehicles	231,246	1,801,471	7.80

Arrangements with the St. John Ambulance Association and Brigade and the British Red Cross Society whereby members assist at certain Ambulance Stations have continued throughout the year, though there are some signs of reduced availability.

The Day Hospital Units for spastic patients at Yatton and at Bath continued to develop and are involving more ambulance time. The needs of these Units, together with those of the Geriatric Service which is developing throughout the County, place heavy demands on the Ambulance Service.

CONTROL

The system of control remained unchanged. Improved radio control equipment has now been installed in all four areas.

The establishment of vehicles in the four control areas at 31st December was as follows:—

Control Area	Ambulances	Dual-Purpose sitting-case ambulances	Cars	TOTAL
Group 1 Taunton (South West Somerset)	14	11	1	26
Group 2 Weston-super- Mare (North West Somerset)	15	10	1	26
Group 3 Shepton Mallet (North East Somerset)	9	13	1	23
Group 4 Yeovil (South East Somerset)	4	6	1	11
TOTALS	42	40	4	86

All these vehicles are fitted with two-way radio communication equipment.

To meet the increased demands it has been necessary to hold in each area one or two vehicles after replacements have been received.

STAFF

The authorised establishment of Ambulance Station personnel at 31st December 1969 was 161. Details of the distribution are given below. This shows an increase of three, one each at the Clevedon, Shepton Mallet and Taunton Stations.

Training for Ambulance personnel has been extended during the year. The Conditions of Employment now require personnel to attend approved training courses, and personnel from Somerset are attending courses at the Hampshire Ambulance School. During the year a total of 34 men attended these courses.

Ambulance Station	Station & Sub-Officers	Senior Drivers	Leading Ambulance-men	Ambulance-men	Trainees	Totals
Bridgwater	—	1	1	5	—	7
Castle Cary	—	1	—	3	—	4
Churchill	—	1	1	5	—	7
Clevedon	—	1	1	13	—	15
Frome	—	1	—	2	—	3
Glastonbury	2	—	—	7	—	9
Highbridge	—	—	1	2	—	3
Ilminster	—	1	—	2	—	3
Keynsham	—	1	1	5	—	7
Minehead	—	1	1	6	—	8
Norton Radstock	—	1	1	7	—	9
Shepton Mallet	4	—	1	7	—	12
Taunton	6	—	4	21	1	32
Weston-super-Mare	6	—	3	17	1	27
Yeovil	3	—	2	10	—	15
TOTALS	21	9	17	112	2	161

VEHICLES

The total authorised establishment at 31st December, 1969, was 86 vehicles as follows:-

Ambulance Station	Ambulances	Dual-Purpose Sitting-case Ambulances	Cars	Totals
Bridgwater	2	2	—	4
Castle Cary	1	2	—	3
Churchill	2	2	—	4
Clevedon	5	3	—	8
Frome	1	1	—	2
Glastonbury	2	3	1	6
Highbridge	2	1	—	3
Ilminster	2	1	—	3
Keynsham	2	2	—	4
Minehead	3	1	—	4
Norton Radstock	2	3	—	5
Shepton Mallet	2	4	—	6
Taunton	7	7	1	15
Weston-super-Mare	6	4	1	11
Yeovil	3	4	1	8
TOTALS	42	40	4	86

During the year 15 new vehicles were delivered to Stations as follows:—

3 ambulances for use at the Taunton, Shepton Mallet and Clevedon Stations:

9 dual-purpose sitting-case ambulances for use at the following Stations:—

Weston-super-Mare	2
Yeovil	2
Taunton	1
Shepton Mallet	1
Clevedon	1
Norton Radstock	1
Glastonbury	1

1 Triumph Estate Car conversion for use at the Weston-super-Mare Station

2 Cars for use at the Weston-super-Mare and Yeovil Stations.

HOSPITAL CAR SERVICE

The Hospital Car Service continues to provide a useful alternative form of transport for selected sitting patients. It will be seen from the table shown in the earlier paragraph that there was a considerable increase in 1969 in both the number of patients carried and the mileage run.

AIR AND RAIL TRAVEL

Despite the further curtailment of rail services the greatest possible use continues to be made of the facilities available. The following table gives details for the year 1969 and for comparison those for 1968. Once again I am indebted to the volunteers who so willingly act as escorts to patients travelling by rail.

	Stretcher		Sitting		Totals	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1968	137	17,057	930	62,073	1,067	79,130
1969	132	17,035	554	40,355	686	57,390

Total equivalent Road Mileages:—

1967 — approximately 145,000

1968 — approximately 158,000

1969 — approximately 115,000

During the year 1969 no request was received for the movement of a patient by air.

PREMISES

No changes have occurred during the year 1969.

Due to the closure of the Clinic at Cork Street, Frome, temporary accommodation is required for the Ambulancemen at Frome to be used until the existing Fire Station becomes available for conversion to Ambulance Service use.

CO-OPERATION WITH OTHER SERVICES

I have previously reported on the excellent co-operation between the three Emergency Services throughout the County. This has continued during 1969 and I am grateful for the help given by both the Police and Fire Services.

MENTAL HEALTH

In 1969, the South West Regional Hospital Board appointed two new consultant psychiatrists — one in the North East and the other in the North West of the County. They work in the mental subnormality hospitals and in the community. Dr. M. Carter took up her appointment in the Weston-super-Mare area on 1st August. She visits the Hostel at Cheddar regularly, and also the Training Centres at Weston-super-Mare and Glastonbury. Dr. E. G. Ostler is based on the Keynsham Child Guidance Clinic, and at Selwood and Norah Fry hospitals. He visits the Training Centres at Radstock. Both Dr. Carter and Dr. Ostler work closely with the Mental Welfare Officers in their areas.

The National Spastics Society and the Yeovil Society for Mentally Handicapped Children very generously made available funds to build a nursery assessment extension to the Yeovil Junior Training Centre. Construction was due to start early in the New Year. It is becoming more and more apparent that a large proportion of mentally handicapped children suffer from more than one disability; many are physically handicapped and many are deaf or partially sighted as well. The importance of nursery education is also being recognised. It is often not possible to determine the extent of a child's various disabilities until he, or she, has been observed for a considerable time in an educational situation. The new Unit in Yeovil will be a valuable addition to the facilities for handicapped children in that area.

The announcement in November, 1968 that the Government had decided to transfer the responsibility for Junior Training Centres from the Department of Health and Social Security to the Department of Education and Science was greeted with mixed feelings. The Health Committee can take pride in their six excellent Junior Training Centres and in the fact that 60% of their teachers are qualified as against a national average of less than 40%.

CARE AND AFTERCARE

Table 1 below gives the number of visits made in connection with the care of the mentally disordered in the community.

Table 1

Guardianship	Aftercare		Other Visits	Total
	Subnormal	Mentally Ill		
329	4,742	6,962	5,156	17,189

The following table shows the number of visits made during the preceding five-year period.

Table 2

Year	Guardianship	Aftercare		Other Visits Social Histories	Total
		Subnormal	Mentally Ill		
1964/5	465	3,854	10,674	6,470	21,463
1965/6	441	4,294	10,516	7,874	23,125
1966/7	544	4,628	8,996	6,178	20,346
1967/8	414	4,612	6,294	5,125	16,445
1968/9	459	4,524	7,070	5,899	17,952

The number of patients referred to the Local Health Authority during the year ended 31st December, 1969 is given below:—

Table 3

Referred by	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over
(a) General Practitioners	2	400	—	4	—	—	1	1	3	405
(b) Hospitals on discharge from in-patient treatment	—	296	—	1	—	26	—	—	—	323
(c) Hospitals, after or during out-patient or day treatment	1	120	—	1	2	3	1	—	4	124
(d) Local Education Authority	—	—	—	—	2	—	51	—	53	—
(e) Police Courts	—	70	—	—	—	12	—	—	—	82
(f) Other sources	1	372	—	6	13	51	6	4	20	433
(g) Total	4	1258	—	12	17	92	59	5	80	1367

During the year, mental welfare officers were concerned in 734 hospital admissions, mainly on an informal basis. Table 4 gives the details:—

Table 4

Hospital	Informal	Section 25	Section 26	Section 29	Section 60	Total
Tone Vale	155	136	45	13	1	350
Mendip	155	84	20	15	—	274
Glenside and Barrow	8	22	13	7	—	50
Sandhill Park	32	2	5	1	1	41
Other	17	1	—	—	1	19
Total	367	245	83	36	3	734

In addition 57 patients were admitted to hospitals for the subnormal. On 31st December 1969 there were 11 severely subnormal patients awaiting care and treatment, three less than on the same date in 1968.

HOSTELS AND RESIDENTIAL ACCOMMODATION

Cliffe View Hostel at Cheddar accommodates up to 14 young women, all of whom are either in employment or attending the Weston-super-Mare Adult Training Centre. Similarly, Croftlands Hostel at Bridgwater accommodates 10 employable or potentially employable young men.

Burtons Orchard Hostel at Taunton provides accommodation for up to 14 recovering mentally-ill patients.

There are twenty-two places for children at Yeovil Hostel during term-time. In 1969, 133 mentally handicapped children and adults were given holidays there during the Junior Training Centre vacations. Considerable additional temporary residential care was arranged for mentally handicapped persons. Twenty-nine were accommodated in hospitals and 57 in other Local Authority Hostels.

ST. MARGARET'S, WESTON—SUPER—MARE

The trustees of St. Margaret's have offered to lease the premises to the County Council for use as a Hostel. The Health Committee have accepted and have agreed to adapt the premises for use as a residential Hostel for 15 mentally handicapped adults in association with the Winterstoke Adult Training Centre. In addition, the new Hostel will provide a Social Centre for former residents and others placed in lodgings. This scheme will go forward in the next financial year.

DAY CENTRES AND SOCIAL CLUBS

The Mental Welfare Officers continue to collaborate closely with hospital staff at the social health centres at Ivor House, Taunton and Penn House, Yeovil. They also attend regular case conferences at the psychiatric hospitals in the County.

The arrangement with the Bath Local Health Authority for the attendance of Somerset patients at their Occupational Therapy Centre, continues to make a useful contribution to the aftercare facilities in that area.

Nineteen voluntary social clubs for mentally disordered persons receive grants from the Local Health Authority. Mental Welfare Officers give their assistance and support at the clubs, often out of normal working hours.

TRAINING CENTRES

Table 5

Junior Training Centre	Trainees		Total
	Male	Female	
Bridgwater	26	18	44
Glastonbury	16	14	30
Radstock	32	15	47
Taunton	32	16	48
Weston-super-Mare	42	22	64
Yeovil	27	14	41
Yeovil Hostel	13	6	19
Bath (Bath Local Health Authority)	—	1	1
	188	106	294

Table 6

Adult Training Centre	Trainees		Total
	Male	Female	
Bridgwater	29	17	46
Glastonbury	15	8	23
Radstock	31	23	54
Taunton	27	20	47
Weston-super-Mare	16	19	35
Yeovil	23	22	45
Yatton Hall (Farleigh Ward)	16	12	28
Bath (Bath Local Health Authority)	1	1	2
	158	122	280

SPECIAL CARE

On 31st December, 1969 fourteen children and four adults were attending Yatton Hospital and four children at Sandhill Park.

HOME TEACHING

A part-time home teacher is employed in the Exmoor Area for three trainees who are unable to attend a Centre.

VOLUNTARY ORGANISATIONS

The County Council is a subscribing member of the National Association for Mental Health and of the Somerset Association for Mental Welfare. Regular meetings have been instituted between members of the Mental Health Sub-Committee and representatives of the local branches of the National Society for Mentally Handicapped Children. It is clear that the Mental Health Service in the County is enhanced considerably by the generosity and help which is provided by the voluntary associations.

I would acknowledge the help of the District Medical Officers of Health and Public Health Inspectors in the compilation of the following reports on environmental health in Somerset.

WATER SUPPLY

The following extracts from the Somerset River Authority's Report on the weather for 1969 make interesting reading.

"The rainfall of 1969 over the whole area was 34.72 inches. It was 4 per cent above average but it was a drier year than 1968.

"Very heavy storms occurred on June 17/18th when 3.22 inches was recorded in 6½ hours, July 28th when 4.70 inches was recorded in the day, August 1st when 1.06 inches was recorded in one hour and September 18th when 2.55 inches was recorded in the day.

"Sunshine hours were above average. June was the sunniest month and April and July also enjoyed well above average sunshine. March and September sunshine was well below average.

"Extremes of temperature were 14°F. on 16th February and 88°F. on 15th July."

With regard to the quality and quantity of water generally, this was satisfactory and once again contamination was almost wholly confined to well and small private supplies. In extreme cases and where the demand was sufficient to make the work an economic proposition, these private supplies, were replaced by a mains supply.

SOMERSET WATER UNDERTAKERS

The following are extracts from reports kindly provided by the three water undertakers in Somerset.

BRISTOL WATERWORKS COMPANY

Work carried out in the County during the year included the construction of a large covered reservoir at Rocks Lane, Barrow Gurney in the Long Ashton Rural District, together with the laying of almost four miles of main as part of an augmentation scheme for Felton, Backwell Hill (Long Ashton Rural) and Redhill (Axbridge Rural).

New softening plant was installed at Chelvey Treatment Works and work on the slow sand filters and new micro-strainer at Stowey Treatment Works was completed. The rebuilt Treatment Works at Stoke Bottom, near Shepton Mallet, was put into operation.

Nearly a mile of main was laid from Hawker's Lane to West Horrington (Wells Rural). Over 2¼ miles of main was laid from Cheddar to improve the supply at Crickham (Axbridge Rural) and a similar length of main laid to provide a new supply to Berkley and Berkley March (Frome Rural). Almost a mile of main was renewed at North Wootton (Wells Rural) and more than 2¼ miles of main were laid from Cheddar to Cross (Axbridge Rural) so that the Dunyeatt source is now only used as a standby. Approximately 1 mile of main was laid at East Compton Lane (Shepton Mallet Rural) to improve supplies in the area and over half a mile of main was laid from Mast Reservoir to meet increased demands at Blagdon (Axbridge Rural) and to improve pressures on Mendip top.

Resident population of Statutory Area in Somerset		295,170
Estimated population NOT supplied:		
(a) Rural areas with no piped supply available	533	
(b) Supplied by private wells, springs etc., in Rural Districts	<u>3,182</u>	3,715
Population in Somerset supplied		<u>291,455</u>
Estimated additional Summer population (average for 6 months — 1st April to 30th September including day visitors)		
Weston-super-Mare	23,980	
Burnham-on-Sea	6,250	
Axbridge	6,250	
Wells, Glastonbury and remainder of Mendips	6,000	
Clevedon	6,000	
Portishead	<u>3,000</u>	
	<u>51,480</u>	
Therefore, ANNUAL AVERAGE		<u>25,740</u>
TOTAL POPULATION SUPPLIED INCLUDING VISITORS		<u>317,195</u>

WESSEX WATER BOARD

In spite of an increase in peak demand from 8.28 m.g.d. in 1968 to 8.86 m.g.d. in 1969 due to the dry summer, the average demand remained almost constant at 7.75 m.g.d. although the population supplied increased by over 1,000. This again reflects the success of increased efforts devoted to waste prevention and control. Replacement or cleaning and re-coating of old corroded and encrusted water mains has led to a considerable improvement in the troubles experienced with dirty water in certain districts.

Design work on new schemes continues and constructional work on the Compton Durville source and treatment plant with associated mains and reservoirs in the Langport rural district will commence in the summer of 1970. The Minister of Housing and Local Government is considering the Board's application to abstract 6 m.g.d. of water from boreholes at Lower Magiston near Dorchester and to construct the necessary works.

WEST SOMERSET WATERBOARD

The hot dry summer of 1969 produced record consumptions with daily demands reaching 13 million gallons per day. Average consumption throughout 1969 also rose to 10.7 million gallons per day.

Part of this increase was accounted for by garden watering, swimming pools etc., but the majority was taken by industrial users, particularly in the Bridgwater area.

Adequate water was available from all sources throughout the summer although there were one or two small problems of distribution at peak demands particularly in the Polden Hills area. This has now been put right by the completion of a main to Chilton Polden. In the Bridgwater district a new augmentation scheme is now under construction involving the abstraction of 3 million gallons per day from the Bridgwater/Taunton Canal, enlargement of the Durleigh Treatment Works and distribution mains to the eastern side of the town.

At the Nutscale Reservoir near Minehead, investigation into its treatment is continuing and a pilot plant has been constructed. A site for a new Treatment Works has been leased from the National Trust and design work is now in hand.

Investigations into a new reservoir site on Exmoor is continuing and detailed work in four areas has been undertaken and a decision is expected shortly.

Bacteriological and Chemical Results

	Chemical Examination		Bacteriological Examination				
	Total	Sat.	Total	Numbers in Class			
				1	2	3	4
Filter Stations prior to distribution	288	250	325	320	1	1	3
In supply	475	421	868	730	49	12	77
Total	763	671	1,193	1,050	50	13	80

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–65 and/or the Water Act, 1945:—

District	Scheme	Estimated Cost £
Bathavon Rural	Batheaston — Stewey Lane Extension	1,140
Bathavon Rural	(Bath Corporation) Charlcombe Extension	923
Bridgwater Rural	(Bath Corporation) Thurloxtton Extension	820
Dulverton Rural	(West Somerset Water Board) Bridgetown Extension and Improvements	5,510
Taunton Rural	(West Somerset Water Board) Churchstanton Extension	5,700
Williton Rural	(West Somerset Water Board) Kilve Extension	2,648
Williton Rural	(West Somerset Water Board) Nettlecombe Parish Beggearn Huish Extension	2,300
Yeovil Rural	(Wessex Water Board) East Coker Extension	17,120
		<u>£36,161</u>

SEWAGE DISPOSAL

Details regarding schemes completed, still in progress or proposed as at 31st December, 1969 are set out below. Financial particulars of schemes approved for grant-aid purposes by the County Council during the year are shown on page 50

BOROUGH AND URBAN DISTRICTS

BRIDGWATER. Work on the North Street flood relief sewer has now been completed. No major works or improvements are in progress.

BURNHAM—ON—SEA. A contract for a surface water sewerage main artery (to be provided jointly with the Lower Brue Drainage Board) is to be let in February, 1970 as is also a contract for sewerage the Stoddens Road (East) area. As mentioned previously, approval in principle has been received from the Ministry for the main sewerage scheme and joint negotiations are now in hand with the Borough and Rural District Councils of Bridgwater regarding sewage purification etc.

CLEVEDON. Work has now commenced on the construction of a main relief sewer.

FROME. No major works or improvements were carried out during the year.

KEYNSHAM. The relaying of sewers from the eastern area of the District, commenced in 1968, has now been completed.

NORTON RADSTOCK. Work is still in progress in connection with provision of new disposal works for Radstock.

PORTISHEAD. Work in progress at the end of the year concerned the construction of storm relief sewers at Station Road, High Street, Bristol Road and Slade Road.

SHEPTON MALLETT. No major works or improvements were carried out during the year.

STREET. A T.V. survey of sewers in the District is now in progress and consultants have been engaged to report on the adequacy of the present sewers and disposal works.

TAUNTON. Work has been commenced on re-sewering in the Borough and further extensions to the disposal works.

WATCHET. The Five Bells sewer extension has now been completed and work is in progress in connection with an extension in Market Street.

WELLINGTON. The pumping station at Mitchell's pool has now been completed. The District Council are considering the provision of new trunk sewers and sewage disposal works.

WESTON—SUPER—MARE. Work has now been completed on improvements to the sewerage system at Uphill.

YEOVIL. No new works or improvements were carried out during the year.

RURAL DISTRICTS

AXBRIDGE. Work has now commenced on the Banwell to Langford sewerage scheme, viz. phases 2 and 3 of the comprehensive scheme.

BATHAVON. A combined scheme for an enlarged sewage disposal works at Freshford, which will also treat sewage from part of Limpley Stoke in the Rural District of Bradford and Melksham is now in progress.

BRIDGWATER. Work on the sewerage and sewage disposal scheme for North Petherton has now been commenced. The Ministry have given approval to a scheme for Nether Stowey for which tenders have been received.

CHARD. The Ministry of Housing and Local Government held an informal enquiry into the Council's application to provide new sewage disposal works and the provision of new sewers in the parish of Merriott and it was suggested that only part of the scheme should proceed. A tender has now been accepted for that part of the work approved and it is anticipated that work should commence in March or April, 1970.

CLUTTON. The District Council are still awaiting the result of the Ministry enquiry into the Farrington Gurney/Temple Cloud scheme.

DULVERTON. No new works or improvements were carried out during the year.

FROME. The sewerage and sewage disposal scheme for Faulkland has now been completed and work has commenced on the main drainage scheme for Witham Friary and Trudoxhill with disposal to the Nunney works.

LANGPORT. The sewerage and sewage disposal scheme for Fivehead has now been completed. No works are in progress but an outline scheme of sewerage and sewage disposal for the entire District has been accepted in principle by the Ministry of Housing and Local Government.

LONG ASHTON. The sewerage scheme for Wraxall (Failand Sixty Acres) was completed during the year and work continues on the Yeo Valley main drainage scheme. The work proceeding is being carried out under Contract 1, and will serve the Backwell, Nailsea, Kenn area.

SHEPTON MALLET. The Cranmore Sewerage and Sewage Disposal Scheme which will serve East and West Cranmore has been completed. It is anticipated that in 1970 a start will be made on the sewerage scheme for Evercreech which will also include part of Stoney Stratton.

TAUNTON. The laying of sewers in the parishes of Cheddon Fitzpaine and West Monkton were started during the year. It is anticipated that work will start early in 1970 on the sewerage and sewage disposal scheme for Stoke St. Gregory and North Curry.

WELLINGTON. No new works or improvements were completed during the year.

WELLS. Schemes have been prepared and submitted to the Ministry in respect of Coxley also Wookey Hole and adjacent areas. Preparatory work is proceeding in connection with Wookey; this will include extensions to Yarley, Henton and Bleadney.

WILLITON. No major works or improvements were carried out during the year.

WINCANTON. The sewerage and sewage disposal scheme for Galhampton has now been completed.

YEOVIL. With the completion of the Barwick and Stoford and the Marston Magna, Rimpton and West Camel sewerage and sewage disposal schemes, the District Council have concluded their immediate major works programme.

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–65:—

District	Scheme	Estimated Cost £
Axbridge Rural	Compton Bishop Parish — Cross School Area Sewers	13,591
Axbridge Rural	Hutton Parish — Old Mixon Sewer Extension	5,650
Bathavon Rural	Bathamton Parish — partial resewering	3,091
Bathavon Rural	Hinton Charterhouse - Sewerage	67,255
Dulverton Rural	Dulverton Sewerage and Sewage Disposal	119,000
Langport Rural	Comprehensive Scheme — Eastern Parishes Phase I	445,000
Taunton Rural	Staplegrove Sewerage	26,000
Wellington Rural	Milverton Parish — Storm Water Drainage	49,500
Williton Rural	Old Cleeve Parish — Washford Surface Water Drainage	1,890
		<u>£730,977</u>

The following schemes were approved prior to 1969, but costs and/or proposals were revised and resubmitted for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–65:—

District	Scheme	Estimated Cost £
Axbridge Rural	Banwell, Sandford, Churchill and Langford Sewerage and Sewage Disposal — Phases II and III	149,000
Bathavon Rural	Freshford Parish — Limpley Stoke Sewerage Scheme	3,735
Dulverton Rural	Bridgetown Sewerage and Sewage Disposal	26,400
Shepton Mallet Rural	Evercreech Sewerage and Sewage Disposal — Stage I	55,098
Wells Rural	Wookey Hole Area Sewerage	127,000

District	Scheme	Estimated Cost £
Yeovil Rural	Mudford and Yeovil Without – Primrose Lane and Marsh Lane Sewer Extensions and Works Improvements	44,477
Yeovil Rural	Marston Magna, Rimpton and West Camel Sewerage and Sewage Disposal	191,300
Yeovil Rural	South Petherton, Chiselborough, Norton-sub-Hamdon and West Chinnock Joint Sewerage and Sewage Disposal – Stage I	198,940
		<u>£795,950</u>

HOUSING

The Housing Act, 1969, received Royal Assent on the 25th July, 1969, and generally came into effect on the 25th August.

As a guide to Local Authorities various Circulars were issued on the provisions of the Act, they were—

Circular No. 64/69	House Improvement and Repair
Circular No. 65/69	Area Improvement
Circular No. 66/69	Rent Dwelling in Good Repair and provided with standard amenities
Circular No. 67/69	Houses in multiple occupation
Circular No. 68/69	Slum Clearance

Circular 64/69 (House Improvement and Repair), greatly extends the assistance available for the improvement, conversion and repair of individual houses whether within or outside general improvement areas. Part 1 of the Act provides for these different types of grant viz:

- (a) Improvement Grants. These were first introduced in 1949 and are available either for the improvement of existing houses or for the provision of new dwellings by conversion and as they are given entirely at the discretion of each Local Authority are known as “discretionary grants”. Various conditions apply and the 1969 Act has increased the grant to a maximum of £1,000 — or £1,200 per dwelling where a building of three or more storeys is being converted.
- (b) Standard Grants. These were introduced in 1959 and are obtainable as of right, for the installation of standard amenities subject to certain statutory requirements. The maximum grant is £450 or a sum, fixed either by the Local Authority or the Ministry which will enable the provision of a septic tank or cesspool or other works considered necessary to ensure that the dwelling will provide a complete set of standard amenities for the exclusive use of its occupants; that it will be in good repair, having regard to its age, character and locality, and in all respects be fit for human habitation.
- (c) Special Grants. A new grant is available for the installation of Standard amenities in houses in multiple occupation. The rates are similar to those for standard grants and Local Authorities will have, for the time being, wide discretion in making “Special Grants” and are primarily intended more specifically for those Authorities who have areas of “intensive multiple occupation”.

Circular 65/1969 (Area Improvement). General improvement areas are described as ‘predominantly residential’ and the Ministry called upon Local Authorities to consider what predominantly residential areas in their districts could be improved and to direct their main efforts to the improvement of whole areas — the houses and the environment. Experience in this field is limited and requires an assessment of economic advantages as between renewal and rehabilitation.

Circular 66/1969. Part III of the 1969 Act deals with the Rent of Dwellings in Good Repair and provided with Standard Amenities. There is now a new system governing the rents

of privately rented dwellings which have been brought up to a satisfactory standard. The chief responsibility of Local Authorities in relation to those rent provisions will be to deal with applications for certificates relating to the state of a dwelling where it is let on a controlled tenancy. Of necessity the Rent Officer Service will have to be extended to determine rents following improvements.

Circulars 67/1969 and 68/1969. Houses in multiple occupation and slum clearance. Fortunately neither of these are major problems in Somerset. There has previously been doubt as to the definition of 'multiple occupation'. Section 58 of the Act clarifies the position. Of the eight districts who have completed a survey into this type of property it is estimated that approximately 236 houses fall within this classification. With regard to Slum Clearance, all Local Authorities (in addition to their existing responsibilities under previous Acts) were requested to consider what they can and ought to be doing to clear the remaining slums and to inform the Ministry by the 31st January, 1970 what their programmes for the next four years are to be. The approximate situation in Somerset is set out in Table 'C' on page 55.

Details regarding applications received and approved during 1969 for Improvement Grants are set out in Table 'A'. Other information concerning action taken under the Housing and Rents Acts of 1957, the estimated number of dwellings in Somerset, old peoples dwellings and applications for housing accommodation, are shown in Tables 'B', 'D' and 'E'.

TABLE 'A'

	Up to August, 1969				After August, 1970			
	Received		Approved		Received		Approved	
	Applica- tions	No. of Dwell- ings	Applica- tions	No. of Dwell- ings	Applica- tions	No. of Dwell- ings	Applica- tions	No. of Dwell- ings
BOROUGHES AND URBANS								
Improvement Grants	87	105	66	79	66	74	45	57
Standard Grants	140	141	123	124	84	84	73	73
Special Grants	—	—	—	—	—	—	—	—
RURALS								
Improvement Grants	149	155	141	147	195	205	160	170
Standard Grants	202	204	181	183	107	107	103	105
Special Grants	—	—	—	—	1	1	1	1
TOTAL	578	605	511	533	453	471	382	406

N.B. Totals based on figures submitted
by 35 Authorities.

TABLE 'B'

	Action during year								Rent Act, 1957 (1st Schedule)	
	No. of Houses demolished or closed under Section 42 of the Housing Act, 1957 (Clearance Areas)	Housing Act, 1957 17—(Individual Unfits) No. of Houses Lost			No. of Temporary dwellings, huts etc. demolished	No. of houses declared unfit under;		No. of houses made fit during year	Certificate of Disrepair	
		Demolished	Closed	For other purposes (Road Improvements)		Section 9 of Housing Act, 1957	Section 72 of Housing Act, 1969		No. of applications received	No. of certificates issued
Boroughs and Urbans	57	102	58	85	6	33	—	353	2	13
Rurals	41	100	100	4	5	21	—	425	—	—
TOTALS	98	202	158	89	11	54	—	778	2	13

TABLE 'C'

HOUSING ACT, 1957 — SLUM CLEARANCE 1970-73

Boroughs and Urbans		1970	1971	1972	1973
1. Part III	a. Houses in areas to be declared	53	61	34	52
	b. Houses to be cleared	54	55	42	49
2. Part II	Houses likely to be subject to demolition or closing orders	91	75	91	78
Rurals					
1. Part III	a. Houses in areas to be declared	7	9	15	9
	b. Houses to be cleared	18	17	15	14
2. Part II	Houses likely to be subject to demolition or closing orders	147	166	170	149
	TOTAL (approximately)	370	383	367	351

TABLE 'D'

	Estimated No. of Permanent Dwellings as at 31.12.69		Old People's Dwellings Number erected	
	L.A.	P.E.	Warden-Supervised Dwellings Financially Assisted by County Council	Erected by Local Authorities without County Council Financial Assistance
Boroughs and Urbans	28,881	68,401	1,482	421
Rurals	19,701	81,128	1,165	993
TOTALS	48,582	149,529	2,647	1,414

The number of permanent dwellings in the County as at 31st December, 1969 includes many properties which have been reconditioned, although previously condemned.

From figures provided, it would seem that a further 300 old people's dwellings, either with or without warden supervision, are in course of erection.

APPLICATIONS FOR HOUSING ACCOMMODATION

These are shown in the following Table, together with comparative figures for 1968.

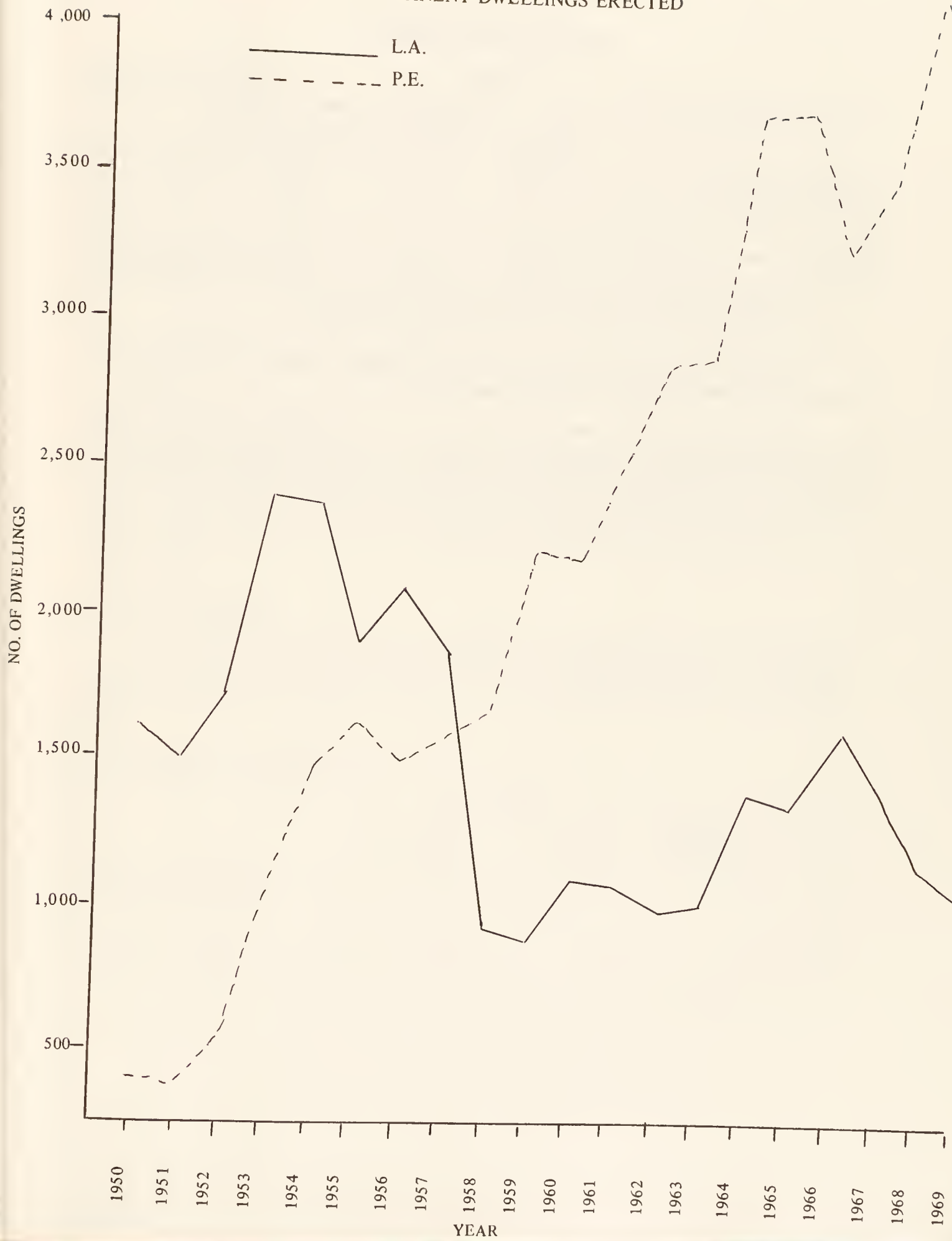
TABLE 'E'

Applications	As at 31.12.68		As at 31.12.69	
	Boroughs and Urbans	Rurals	Boroughs and Urbans	Rurals
Urgent Bona Fide Cases	1,887	1,943	2,085	1,869
For old People's Dwellings	1,190	1,084*	1,923	957*
Other	2,619	1,778	2,838	1,973

* Includes transfers

Houses constructed by local authorities during 1969 numbered 1,053 (1,160 in 1968); those privately constructed numbered 3,598 (4,154 in 1968). The graph on Page 57 illustrates housing progress since 1950.

PERMANENT DWELLINGS ERECTED



PROGRAMME FORECAST

TABLE 'F'

	Housing Needs – Based on Local Authority Capacity for Building			
	1970	1971	1972	1973
Boroughs and Urbans	716	610	371	442
Rurals	551	156	246	110
TOTALS	1267	766	617	552

NOTE: – Seven Authorities have not prepared Programmes.

With regard to Table 'F' above, this shows the estimated number of properties required to meet the overall shortage of housing at moderate rents.

The estimated housing needs for 1969 were 1,161 (probably nearer 1500 if all authorities had completed a programme) but as will be seen from the properties constructed figures above, the number of houses erected during the year fell short of the forecast by 108.

SANITARY CIRCUMSTANCES

SCHOOL SANITATION

It is some three years since the approval of the sanitary improvement programme for primary schools. Initially, it was anticipated that the programme, estimated to cost £364,000, would be completed within a period of three years. Regrettably there is still some way to go before all schools can be said to conform to the standard originally laid down, but considerable progress has been made and other factors, besides those of preparation of plans, specifications, tenders, etc. must be considered. For example, it would be grossly uneconomic to carry out major improvements at schools whose future is uncertain, or where schemes of re-organisation or re-modelling are being considered. There is also the question of improvements of a more general nature and where modern sanitary facilities are merely an adjunct of the whole scheme.

The situation at the end of December was that work had been completed on 89 schools and contracts had been signed covering a further 22.

Rather more detail of the position is shown in the School Health Service Annual Report.

CLOSET ACCOMMODATION

The total number of conversions notified up to 31st December, 1969 was 179. The number of conversions from pail and other types of closet to a water carriage system is very approximate and is based on returns received. But progress is being made and when looked at over a five year period the number of archaic toilet systems converted is quite impressive viz: an estimated 1,485.

CESSPOLL EMPTYING

There has been very little change in the methods and arrangements for cesspool emptying. Five local authorities are operating a septic tank and cesspool emptying service — the remainder are emptied either under a contract system or the owners are obliged to make their own arrangements.

HOUSE REFUSE AND TRADE WASTE

	Removed by		Number of Vehicles Employed
	Direct Labour	Contract	
Boroughs and Urbans	20	—	47
Rurals	15	1	46

REFUSE DISPOSAL

	Boroughs and Urbans	Rurals
Controlled tipping	21	21
Semi-controlled tipping	—	5
Uncontrolled tips	—	—
Incineration method	1	2

Only one local authority is operating a service under contract for the removal of house refuse. Any departure from the normal routine of weekly collections is confined to the more rural areas.

With regard to refuse disposal, mention has previously been made of the ever increasing problem of finding land suitable for tipping. One authority has firmly stated that the time is fast approaching when the need to install plant for the incineration or pulverisation of refuse must be considered. The present cost of such plant is prohibitive and far beyond the reach of any one authority. It would, therefore, have to be a co-operative effort and a series of disposal points provided to cater for all authorities. One other authority has stated that their insurers are now more interested in refuse disposal due to the possible pollution of water courses from refuse tips. It is known that yet another authority is already suffering this problem. The pollution of water courses and possibly underground water is a very valid point and adds impetus to the need for finding suitable sites.

There is also the additional problem of local authorities responsibilities under the Civic Amenities Act, Part III, which came into operation in January 1968. This gave local authorities powers to remove and dispose of abandoned vehicles. Various methods are adopted for their disposal and, at least for the time being, there have been no major problems.

PREVENTION OF DAMAGE BY PESTS

	Number of Rodent Operatives Employed	
	Whole-time	Part-time
Boroughs and Urbans	5	12
Rurals	8	9

The number of rodent operatives employed during 1969 was slightly less than in 1968, mainly due to a move towards the adoption of the contract method of dealing with any infestation problems. One authority suffered a considerable rat problem due to the re-routing of a river running through the town. This infestation was brought under control by the end of the year. A reduction in routine complaints was achieved in one district by the installation of permanent baiting hoppers at strategic sites which greatly reduced the rat population.

AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956

No formal notices were served during the year by those authorities who carried out inspections of agricultural properties to ensure the suitability and sufficiency of sanitary facilities for farm employees. Only one authority managed to complete an inspection of all agricultural holdings in their area.

CAMPING AND CARAVAN SITES

GYPSIES

The Caravan Sites Act, 1968 defines gypsies as “persons of nomadic habit of life whatever their race or origin, but does not include members of organised groups of travelling showmen or persons engaged in travelling circuses, etc. travelling as such”.

By the time this report goes to print it is anticipated that Part II of the Act will be operative which places a general duty on County Councils to provide sites for gypsies. To this end the County Planning Committee has appointed a Gypsy Sites Officer who is making contact with the various itinerant families in the County and it is hoped that a start will soon be made in the provision of suitable sites for these families.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960.

Although the general standard of static and residential holiday sites remains good, there are undoubtedly problems with regard to sites for tourist caravans and campers. Whilst holiday traffic increases in the South West year by year, and will further increase when the Motorway opens there has been no corresponding increase in the availability of sites. Consequently too many holidaymakers make overnight stops on lay-bys causing considerable litter and pollution problems which is likely to continue until such time as adequate transit sites are available.

In contrast it is worthy of mention that the ‘Caravan Club’ have provided one transit site on the A.38 trunk road near Wellington. This is a model of efficiency being well conducted and ideal in every respect.

PUBLIC CONVENIENCES

(a) **Lay-bys.** The facilities provided at six lay-bys on the A.38 trunk road are certainly used to capacity during the summer months and are much appreciated by the travelling public. Fortunately very few complaints of wilful damage or misuse have been recorded by the District Councils who provided these facilities in conjunction with the County Council and the Ministry of Transport.

(b) **Public Conveniences (other than lay-bys).** This year figures are available showing the number of public conveniences in the County, and it is interesting to note that out of 341 conveniences provided by Local Authorities 25 per cent lack washing facilities. This is most regrettable at a time when so much emphasis is being placed on clean food and prevention of food poisoning. It would seem essential that Local Authorities who do not provide wash-hand basins in their public conveniences should consider doing so!

SCHOOL SWIMMING POOLS

It is very interesting to look back over the past nine years or so and examine the progression of the school swimming pool. In common with many other things today, what was at one time a novelty is now accepted or even expected to be part of the school's daily curriculum.

The real interest in the "teachers training pool" seems to have started in 1963/64 shortly after the publication of the County Council Handbook on the Construction, Water Purification and Cost of Swimming Pools. It is pleasant to record that Somerset was first in the field with this publication and with the subsequent instruction booklets on "Portable Pools" and "Pool Heating". From 1963 with a modest total of 37 pools, we have progressed to 108 pools at the end of 1969. The total should reach 114 by the end of 1970.

One great asset of the County Handbooks has been the general acceptance of the standards laid down which has simplified the construction and maintenance aspects and it is to the credit of Parent/Teacher Associations and other groups and organisations that they have proved so co-operative.

There is constant liaison between the Education, Architect's and this Department on pool projects and before the planning and construction stage is reached the officers responsible for school swimming pools in this Department arrange talks to the staff and parents, supported by excellent slides, which together give a general idea as to costs, type of construction suitable for schools, and problems involved. The slides further illustrate the much-greater advantages of overhead cover and the subsequent lengthening of the swimming instruction period.

MENTAL HEALTH TRAINING CENTRES

Learner-type swimming pools with solar covers have been constructed and are fully operative at the Pen Rose Training Centre, Bridgwater, Selworthy Training Centre, Taunton, and Hill-top Training Centre, Radstock. There is also one in course of construction at Beckery Training Centre, Glastonbury.

The development of swimming pools over the past few years is set out in the following Table:—

	PERMANENT POOLS			PORTABLE POOLS	
	With Purification Plant		Without Purification Plant	With Purification Plant	Without Purification Plant
	Schools	M.H.T.C.			
Prior					
1960	2	—	13	—	—
1960	4	—	16	—	—
1961	7	—	19	—	2
1962	9	—	21	1	2
1963	13	—	20	1	3
1964	25	—	15	2	9
1965	29	—	15	9	40
1966	40	—	12	17	10
1967	48	—	11	26	4
1968	51	2	10	31	5
1969	56	3	10	34	5

PUBLIC SWIMMING BATHS

There are fifteen public swimming baths in Somerset. Four are using sea water and the remainder mains. All are equipped with adequate treatment plant.

SUPERVISION OVER THE FOOD SUPPLY

Details concerning licensed slaughterhouses, meat inspection and weight of meat condemned are contained in the following Tables.

TABLE 'A'

	Slaughterhouses/Abattoirs in operation owned or leased by Local Authorities	Private Slaughterhouses		Bacon Factories	Knackers Yards
		Licensed	Operating		
Boroughs & Urbans	3	14	14	1	1
Rurals	—	48	45	1	4
Totals	3	62	59	2	5

TABLE 'B'

	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
(1) Number inspected	114,843	26,881	271,830	302,964	716,518
(2) All diseases except tuberculosis and Cysticerci					
(a) Whole carcasses condemned	1,108	680	1,714	1,357	4,859
(b) Carcasses of which some part or organ was condemned	59,162	959	38,462	36,899	135,482
(3) Tuberculosis only					
(a) Whole carcasses condemned	2	—	—	6	8
(b) Carcasses of which some part or organ was condemned	87	1	—	1,968	2,056
(4) Cysticercosis					
(a) Carcasses of which some part or organ was condemned	148	—	1	—	149
(b) Carcasses submitted to treatment by refrigeration	85	—	—	—	85

NOTE: HORSES 1,338 killed; 1,338 inspected

No. 2 above: (a) — 1

No. 2 above: (b) — 456

The total weight of meat condemned during the year amounted to 1,559,028 lbs of which 21,406 lbs or 1.4 per cent were affected with Tuberculosis. This is not a complete figure for the County as some authorities were unable to provide this information.

TABLE 'C'

	Meat Condemned — 1969 — lbs. —					
	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Horses	Total
Tuberculosis	2,917	27	—	18,462	—	21,406
Cysticercosis	4,034	—	58	—	—	4,092
Other	1,116,795	44,630	120,092	246,828	5,185	1,533,530
TOTALS	1,123,746	44,657	120,150	265,290	5,185	1,559,028

THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS THE SLAUGHTERHOUSE (HYGIENE) REGULATIONS

It is encouraging to note that with only one exception those authorities who have responsibilities under the above regulations have achieved their ends by informal action only. The one contravention, necessitating a prosecution, concerned an owner who failed to provide protective clothing for his employees.

THE MEAT (STERILISATION) REGULATIONS, 1969

These regulations which came into operation on the 1st November, 1969, supersede the Meat (Staining and Sterilisation) Regulations of 1960 and are to be enforced by local authorities and port health authorities.

They require that all knacker meat and meat which is imported otherwise than for human consumption, as well as all butcher's meat and imported meat which is unfit for human consumption, be sterilised before entering the chain of distribution for sale as pet foods.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Number of premises licensed:

Boroughs and Urbans — 7

Rurals — 52

In order to ensure that animals are kept in suitable accommodation and all precautions taken to ensure that licensed premises are conforming to the requirements under the above Act, inspections are carried out, in the majority of cases by the local sanitary authorities, assisted on occasions by a local Veterinary Surgeon, or a member of the R.S.P.C.A.

POULTRY PACKING AND PROCESSING ESTABLISHMENTS

The Slaughter of Poultry Act which received Royal Assent in May, 1967, will come into operation on the 1st January, 1970. The Act is designed to secure humane conditions of slaughter; the making of regulations for the confinement and treatment of turkeys and domestic fowls and permits the entry of any authorised person to premises where slaughtering of poultry is being carried out. Local Authorities will also be required to register all premises where poultry are stunned before slaughter.

The delay in bringing the Act into operation was to allow time to consider and approve suitable stunning devices and for owners to install them. It is emphasised that the Act only extends to turkeys and domestic fowls and, where such poultry are prepared for sale for human consumption, the method of slaughter shall be instantaneous or render the bird insensible to pain until death supervenes.

The Veterinary Service are also authorised to make periodic visits to all such registered premises.

It is estimated that the weekly kill has risen from 160,000 birds in 1968 to 182,300 in 1969 at the nineteen poultry packing and processing establishments in Somerset. Six are very small and operate on a seasonal basis only.

DESIGNATED MILK (RAW)

MILK PRODUCERS AND PRODUCER — RETAILERS. The following details have been provided by the Divisional Executive Officer of the County Agricultural Executive Committee.

	As at 31st December, 1969
Number of Registered Producers in County	4,594
Number of Producers holding Untreated milk licences	160

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 (as amended)

Details of samples taken from the licensed pasteurising and one sterilising plants during 1969 are set out in Table 'A'.

TABLE 'A'

	Number of Samples taken	Number Satisfactory	Sample Failures
Pasteurised:			
Bulk	7	7	—
Bottled	353	350	3
TOTALS	360	357	3
Sterilised	4	4	—

Information concerning samples taken from Producer/Retailers and licensed Dealers appearing in Table 'B' and Table 'C' is a summary of all samples taken, excluding school milk, during 1969. School milk results appear on Page 72.

TABLE 'B'
Licensed Dealers' Samples

	Number of Samples Taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,280	1,251	2.3
Sterilised	10	10	—
Untreated	683	613	10.2
Ultra-Heat Treated	32	31	3.1
TOTALS	2,005	1,905	5.0

FAILURE TABLE

	Pasteurised Milk	Untreated Milk
(1) Number failing Phosphatase Test	3	—
(2) Number failing Methylene Blue Test	29	70
(3) Number failing both Tests (1) and (2)	—	—
(4) Other samples failing	1 (U.H.T.)	—

TABLE 'C'
Licensed Pasteurising Plants and Dealers' Samples
(Tables 'A' and 'B')

	Number of Samples Taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,640	1,608	2.0
Sterilised	14	14	—
Untreated	683	613	10.2
Ultra-Heat Treated	32	31	3.1
TOTALS	2,369	2,266	4.3

Dealers' licenses operative as at 31st December, 1969 areas follows:—

Dealer's (Steriliser's) Licence	1
Dealer's (Pasteuriser's) Licence	13
Dealer's (Untreated) Licence	33
Dealer's (Pre-Packed Milk) Licence	736

In addition to the above, there are a further 160 producers of untreated milk licensed by the Ministry of Agriculture, Fisheries and Food to retail, many of whom are also licensed by the County Council as Dealers.

Samples taken from these Producer/Retailers are included in the figures in Table 'B' above.

BIOLOGICAL SAMPLING – BRUCELLOSIS

In May, 1967, the Ministry of Agriculture, Fisheries and Food introduced a voluntary scheme for the Eradication of Brucellosis and by the end of 1969 it was estimated that some 200 farms had qualified for inclusion on the Register of Accredited Herds. It is unlikely that the scheme in its present form, will be continued and discussions have been taking place for a review of the situation. However, the sampling of milk for biological purposes has been continued and during the year 1,003 samples were submitted to the Public Health Laboratories for examination. Positive evidence of Infectious Brucellosis was isolated in 17 samples affecting 9 farms.

MILK SAMPLING – ANTIBIOTICS

The examination of ex-farm milk for the presence of antibiotics was continued during the year and of the 839 samples examined by the County Analyst 11 gave readings indicating the presence of penicillin. As the control of mastitis is essentially a dairy herd management problem the cases were referred to the Ministry of Agriculture, Fisheries and Food for investigation. The Milk Marketing Board are also involved and are, in fact, operating a "price penalty" where milk is found to contain antibiotics.

CREAM SAMPLING

The need for greater care in the production and handling of cream has been recognised by all health authorities for many years. In 1958 a Working Party of the Public Health Laboratory Service examined bacteriologically a large number of samples of fresh cream and found that many fell far short of the hygienic standard expected in such a product. A large proportion of the samples examined were creams which had been pasteurised or prepared from pasteurised milk, which indicated contamination of the cream after processing. A further examination of the subject in 1968 supported the earlier findings and it was agreed that the Methylene Blue test was an excellent way of evaluating the hygienic standard of fresh cream.

In 1967 the Milk and Milk Products Technical Advisory Committee published a "Code of Hygienic Practice" for cream, but it was emphasised that the Code had no statutory force, and therefore, cream sampling could only be carried out on an informal basis.

Following discussions with the Directors of the Public Health Laboratories at Taunton and Bristol, it was agreed to introduce cream sampling in Somerset, but with slight variations as to examination techniques. Whilst accepting that informal sampling of creams to ascertain the hygienic standard was most desirable, it was considered that each sample should also be examined for *Brucella* and antibiotics upon which formal action can be taken if samples prove unsatisfactory. Sampling commenced on 20th May.

The grading of samples is the same as that applied to ice-cream, viz.

Provisional grade

Time taken to reduce
methylene blue

- 1.)
) Satisfactory

Fails to reduce in 4 hours

- 2.)

2½ – 2 hours

3. Fairly satisfactory

½ – 2 hours

4. Unsatisfactory

0 hours

The general reaction to the introduction of cream sampling was most favourable, and many repeat samples were taken “by request”, following improvements and changes in methods of production, handling and treatment.

Cream – Summary of Results

Cream Designation	Examination Results							
	Methylene Blue Test				Anti-biotic Test		Brucella Test	
	Grades				Neg.	Not Exam.	Neg.	Pos.
	1	2	3	4				
Clotted	15	9	20	15	29	30	59	—
Double	5	3	12	24	12	32	44	—
Raw	—	1	4	4	3	6	9	—
Single	—	1	6	2	—	9	9	—
Separated/Whey	—	1	—	—	—	1	1	—

FOOD HYGIENE (GENERAL) REGULATIONS

Food Premises Subject to the Above Regulations as at 31.12.69 – 35 Authorities

	Number of Premises	Number of Premises Fitted to Comply With Regulation 16*	Number of Premises to Which Regulation 19† Applies	Number of Premises Fitted to Comply With Regulation 19†
Boroughs and Urbans	2,876	2,788	2,155	2,134
Rurals	2,221	2,147	1,751	1,751
TOTALS	5,097	4,935	3,906 Ø	3,885 Ø

* Provision of wash-handbasins

† Facilities for washing food and equipment

Ø 33 Authorities only

ANIMAL HEALTH

The following details have been obtained from the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food:—

	As at June, 1969
(1) Approximate number of Cattle in County	416,138
(2) Number of herds	6,811
(3) Number of dairy herds	4,495
(4) Other herds	2,316

HOSPITAL FARMS

Samples taken on behalf of the Ministry of Health for bacteriological examination from the one remaining hospital farm in the County numbered 8. The results of these samples are included in Table 'A' on page

MILK-IN-SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1969 are set out in the following Table:—

BACTERIOLOGICAL SAMPLES OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL ESTABLISHMENTS IN 1969

	Pasteurised		Untreated		Total	% Unsat.
	Satis.	Unsat.	Satis.	Unsat.		
Schools	129	3	1	—	133	2.3
Central Kitchens and Other County Council Establishments	76	3	7	—	86	5.2
TOTALS	205	6	8	—	219	2.2

ICE-CREAM

The following Table has been compiled from figures provided by Local Authorities.

	Premises Registered For		
	Manufacture and Retail	Manufacture Only	Retail Only
Boroughs and Urbans	16	3	1,179
Rurals	3	2	1,128
TOTALS	19	5	2,307

SCHOOL MEALS SERVICE

A very careful check has been maintained on meat supplied to kitchens and canteens throughout the area. Apart from one or two incidents and problems which, with the co-operation of the suppliers, have been overcome, generally it can be said that the standard of meat supplied has been of a most satisfactory standard.

SMOKE ACT, 1965

Complaints arising during the year were mainly concerned with nuisances from burning refuse either on private property or at Local Authorities' refuse dumps.

With regard to Portishead where, smoke nuisance has been a problem for a considerable time, the District Council reported that there was an increase in the number of complaints concerning grit and smuts from the Local Power Station, the cause having been the provision of poor quality fuel. Although the phosphorus factory recommenced production after having been closed down for a few months, there were far fewer complaints than in previous years. Pollution from domestic chimneys appears to be on the increase mainly due to the number of new houses erected. Again due to a shortage of solid smokeless fuels and with the resultant burning of more bituminous coal there was an increase in general smoke pollution. Norton Radstock Urban also report that it was necessary to take informal action on several occasions in respect of 4 industrial plants. The nuisance arose as a result of the overloading of solid fuel burning boilers and from large incinerators burning waste wood, sawdust, waste fuel and P.V.C. coated paper wrappings. The disposal of P.V.C., indeed all plastics, is becoming an increasing problem and nuisances are likely to increase.

TABLE 1

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1969

Cause of Death	Net deaths at the subjoined ages of "Residents" whether occurring within or without the District											
	All ages	Under 4 weeks	4 weeks and under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	75 and upwards
Enteritis and other diarrhoeal diseases	3	—	1	1	—	—	—	—	—	—	1	—
Tuberculosis of respiratory system	4	—	—	—	—	—	—	1	—	—	3	—
Other tuberculosis, including late effects	7	—	—	—	—	—	—	—	—	1	3	3
Measles	1	—	—	1	—	—	—	—	—	—	—	—
Malaria	1	—	—	—	—	—	—	—	1	—	—	—
Syphilis and its sequelae	3	—	—	—	—	—	—	—	—	2	1	—
Other infective and parasitic diseases	17	—	2	1	—	1	—	1	—	5	3	4
Malignant Neoplasm—												
Buccal Cavity etc.	25	—	—	—	—	—	1	—	4	5	7	8
Oesophagus	36	—	—	—	—	—	—	—	2	7	11	16
Stomach	137	—	—	—	—	—	—	3	12	22	54	46
Intestine	214	—	—	—	—	—	1	4	12	38	59	100
Larynx	11	—	—	—	—	—	—	—	—	6	3	2
Lung, Bronchus	309	—	—	—	—	—	—	6	30	83	126	64
Breast	137	—	—	—	—	—	—	8	26	31	37	35
Uterus	46	—	—	—	—	—	—	3	4	11	15	13
Prostate	69	—	—	—	—	—	—	—	1	11	30	27
Leukaemia	31	—	—	3	4	3	—	—	2	5	6	8
Other malignant neoplasms, etc.	357	1	—	2	3	4	5	20	29	73	110	110
Benign and unspecified neoplasms	10	—	—	—	2	1	—	—	—	3	2	2
Diabetes mellitus	64	—	—	—	—	—	2	2	3	8	20	29
Avitaminoses	2	—	—	—	—	—	—	—	—	—	—	2
Other endocrine etc. diseases	19	1	—	—	2	1	—	—	1	2	4	8
Anaemias	20	—	—	—	—	—	1	—	—	2	2	15
Other diseases of blood, etc.	3	—	—	1	—	—	—	—	—	—	2	—
Mental disorders	9	—	—	—	—	—	—	1	—	—	4	4
Meningitis	5	1	—	1	—	1	—	—	—	1	1	—
Other diseases of nervous system, etc.	84	—	2	1	2	2	—	6	4	10	21	36
Chronic rheumatic heart disease	85	—	—	—	—	1	1	6	7	20	23	27
Hypertensive disease	195	—	—	—	—	—	1	2	8	26	51	107
Ischaemic heart disease	1811	—	—	—	—	—	1	10	103	295	550	852
Other forms of heart disease	429	—	—	—	—	—	—	1	6	19	66	337
Cerebrovascular disease	1191	—	—	—	—	1	2	8	30	104	276	770
Other diseases of circulatory system	391	—	—	—	—	—	2	—	6	34	76	273
Influenza	89	—	1	—	—	1	2	3	4	16	38	24
Pneumonia	521	3	6	2	1	2	3	6	11	28	110	349
Bronchitis and Emphysema	289	—	—	—	—	—	—	2	10	40	116	121
Asthma	11	—	—	—	—	1	1	—	1	2	1	5
Other diseases of respiratory system	65	—	7	4	1	1	—	4	1	4	13	30
Peptic ulcer	52	—	—	—	—	—	—	1	3	4	19	25
Appendicitis	4	—	—	1	—	—	—	—	—	—	2	1
Intestinal obstruction and hernia	43	1	1	1	—	—	—	1	1	4	14	20
Cirrhosis of liver	25	—	—	—	—	1	—	2	5	6	6	5
Other diseases of digestive system	71	—	—	—	—	—	—	2	6	12	20	31
Nephritis and nephrosis	28	—	1	—	—	—	—	3	3	4	9	8
Hyperplasia of prostate	25	—	—	—	—	—	—	—	—	—	8	17
Other diseases, genito-urinary system	57	—	—	—	—	1	—	2	—	10	12	32
Other complications of pregnancy, etc.	1	—	—	—	—	1	—	—	—	—	—	—
Diseases of skin, subcutaneous tissue	5	—	1	—	—	—	—	—	—	1	1	2
Disease of musculo-skeletal system	30	—	—	—	—	—	—	1	—	6	8	15
Congenital anomalies	55	24	12	4	1	—	3	2	2	2	3	2
Birth injury, difficult labour, etc.	41	41	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	31	31	—	—	—	—	—	—	—	—	—	—
Symptoms and ill-defined conditions	68	—	—	—	—	—	—	—	—	1	2	65
Motor vehicle accidents	85	—	—	—	6	21	6	7	11	14	10	10
All other accidents	99	—	3	5	4	4	4	4	7	12	13	43
Suicide and self-inflicted injuries	48	—	—	—	1	2	3	7	10	8	10	7
All other external causes	18	—	—	1	—	5	2	1	1	3	2	3
All causes	7,487	103	37	29	27	55	41	130	367	1,001	1,984	3,713

TABLE 2
CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1969
URBAN DISTRICTS

Causes of Death	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton-Radstock	Portishead	Shepton Mallet	Street	Taunton	Wetchert	Wellington	Wells	Weston-super-Mare	Yeovil	TOTAL (Urban Districts)
Enteritis and Other Diarrhoeal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	3
Other Tuberculosis, including Late Effects	1	—	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	8
Measles	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Other Infective and Parasitic Diseases	1	—	—	—	1	—	—	—	—	2	1	—	—	1	—	—	1	—	—	—	7
Malignant Neoplasm— Succal Cavity, etc.	1	—	—	—	—	2	1	1	—	—	—	1	—	—	1	—	2	1	1	—	11
Desophagus	1	—	—	—	—	4	1	—	—	1	—	—	—	—	2	—	2	—	3	2	16
Stomach	8	4	—	3	—	4	3	3	3	1	2	3	2	2	9	1	5	1	17	7	78
Intestine	7	6	2	13	—	5	—	1	4	2	4	—	3	—	21	—	2	4	30	10	114
Larynx	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	5
Lung, Bronchus	15	7	3	8	1	4	2	2	7	6	10	5	8	2	17	—	6	3	26	19	151
Breast	5	5	—	3	—	1	—	—	5	3	2	1	1	—	8	1	2	4	19	3	63
Uterus	1	1	1	—	—	1	1	1	1	2	—	—	—	2	3	—	—	—	5	3	24
Prostate	—	2	—	2	2	3	—	1	2	—	—	—	—	—	4	—	3	2	7	2	30
Leukaemia	1	1	—	1	—	1	1	—	2	2	1	—	—	1	—	—	1	—	3	1	16
Other Malignant Neoplasms, etc.	12	7	2	12	—	6	4	4	11	8	16	6	4	5	23	—	6	7	39	19	191
Benign and Unspecified Neoplasms	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	—	6
Diabetes Mellitus	7	—	—	1	—	2	1	—	4	2	1	—	1	—	5	—	—	1	8	2	35
Avitaminoses	—	—	—	—	—	—	—	—	4	—	—	1	—	—	—	—	—	—	—	—	1
Other Endocrine, etc., Diseases	2	1	1	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	3	—	10
Anaemias	1	—	—	1	—	1	1	—	1	1	1	—	—	—	3	—	—	—	1	—	11
Other Diseases of Blood, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Mental Disorders	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
Meningitis	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	4
Other Diseases of Nervous System, etc.	8	—	1	3	—	1	1	—	4	2	—	—	3	—	11	—	1	4	13	1	53
Chronic Rheumatic Heart Disease	5	4	2	2	—	2	4	1	2	2	1	2	1	1	3	—	2	1	7	1	43
Hypertensive Disease	15	8	2	1	2	5	—	1	3	5	3	3	3	2	16	—	1	1	28	8	107
Ischaemic Heart Disease	62	51	18	70	16	62	14	12	54	49	32	21	14	18	122	6	41	28	215	89	994
Other Forms of Heart Disease	26	3	14	5	1	10	4	2	4	10	8	2	5	4	21	6	12	10	50	13	210
Cerebrovascular Disease	30	41	23	49	9	38	9	8	36	31	20	16	11	12	64	6	30	34	124	49	640
Other Diseases of Circulatory System	24	25	1	13	3	10	3	1	6	13	9	3	2	3	32	2	11	2	35	13	211
Influenza	2	2	1	2	1	2	2	—	2	1	3	2	2	3	7	—	3	1	6	—	42
Pneumonia	24	11	8	13	6	16	6	1	9	12	9	4	10	6	42	4	10	6	66	16	279
Bronchitis and Emphysema	16	10	8	6	1	4	3	3	12	5	6	4	3	1	29	1	7	8	28	6	161
Asthma	—	—	—	1	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	4
Other Diseases of Respiratory System	3	3	—	3	—	—	1	—	—	—	1	—	1	—	3	—	3	—	11	2	31
Peptic Ulcer	—	2	1	1	1	2	—	—	—	3	—	—	—	1	1	2	4	—	9	1	28
Appendicitis	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2
Intestinal Obstruction and Hernia	2	1	1	—	—	1	—	—	1	2	—	—	1	—	1	—	1	—	6	2	19
Cirrhosis of Liver	1	1	1	—	—	—	—	—	2	—	—	1	—	—	5	—	—	2	2	—	15
Other Diseases of Digestive System	2	1	—	1	—	2	—	3	1	3	1	—	—	2	4	—	1	1	8	2	32
Nephritis and Nephrosis	1	1	—	1	1	1	—	—	1	—	—	—	—	1	1	—	—	—	3	4	15
Hyperplasia of Prostate	—	1	—	1	—	1	—	—	—	2	—	1	—	1	2	—	—	—	1	2	12
Other Diseases, Genito-Urinary System	2	—	—	4	—	1	—	—	3	2	1	—	3	—	5	—	1	4	5	—	31
Diseases of Skin, Subcutaneous Tissue	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Diseases of Musculo-Skeletal System	—	—	2	—	—	1	—	—	2	—	1	—	—	—	—	—	2	1	6	—	16
Congenital Anomalies	4	2	—	—	—	5	—	—	1	2	—	—	2	—	3	1	1	2	7	—	30
Birth Injury, Difficult Labour, etc.	4	—	1	1	—	1	—	1	—	—	1	1	2	2	2	1	2	1	—	2	22
Other Causes of Perinatal Mortality	3	1	—	—	—	1	—	—	1	—	1	—	1	1	—	—	1	—	3	1	14
Symptoms and ill-defined Conditions	3	—	5	1	—	—	—	1	—	2	—	—	3	1	2	—	1	5	3	1	28
Motor Vehicle Accidents	1	4	2	—	1	1	4	—	2	1	1	1	—	1	10	—	2	1	6	3	41
All other Accidents	3	1	2	5	1	3	—	1	5	—	—	3	1	2	3	1	—	2	12	2	47
Suicide and Self-Inflicted injuries	2	—	1	—	—	4	1	1	1	1	1	—	1	1	5	—	—	1	3	1	24
All Other External Causes	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3	—	7
All Causes	309	210	104	229	47	209	69	60	194	181	142	82	89	76	499	33	168	138	832	287	3,948

TABLE 3 CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1969

RURAL DISTRICTS

Causes of Death	Axbridge	Bathavon	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	TOTAL (Rural Districts)	COUNTY TOTAL
Enteritis and Other																		
Oierrhoel Oiseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	3
Tuberculosis of Respiratory																		
System	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4
Other Tuberculosis, including																		
late effects	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	7
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Melarie	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1
Syphilis and its Sequelee	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	3
Other Infective and Peresitic																		
Diseases	1	-	1	-	2	-	-	-	1	-	-	-	1	1	-	3	10	17
Malignant Neoplasm—																		
Buccel Cavity, etc.	2	1	-	-	-	-	-	-	1	2	2	1	2	-	-	3	14	25
Oesophagus	4	-	-	1	-	1	3	1	4	-	2	1	-	1	2	-	20	36
Stomach	6	5	7	1	3	-	3	4	6	1	7	2	-	3	6	5	59	137
Intestine	12	5	8	2	9	5	4	6	9	2	9	6	5	8	8	5	100	214
Larynx	1	1	2	-	-	-	-	-	1	-	-	-	-	1	-	-	6	11
Lung, Bronchus	30	12	6	9	10	1	5	8	22	6	10	1	3	8	9	18	158	309
Breast	9	4	4	5	4	3	2	4	7	3	9	4	3	8	1	4	74	137
Uterus	2	3	3	2	1	-	2	-	2	-	2	1	-	1	1	2	22	46
Prostate	2	1	1	6	5	-	2	2	5	2	4	3	-	4	-	2	39	69
Leukaemie	3	2	1	-	-	-	2	-	1	-	1	-	-	1	2	2	15	31
Other Malignant Neoplasms,																		
etc.	29	6	15	6	7	5	5	11	18	6	15	7	3	8	13	12	166	357
Benign and Unspecified																		
Neoplasms	-	1	-	1	-	-	-	-	-	-	-	-	-	-	1	1	4	10
Diabetes Mellitus	3	3	-	2	-	1	1	1	4	2	2	2	-	4	-	4	29	64
Avitaminoses	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	2
Other Endocrine, etc., Diseases	3	-	-	-	-	-	-	-	2	-	-	-	-	2	1	1	9	19
Aneemias	2	-	-	-	2	-	-	1	2	-	1	-	-	-	1	-	9	20
Other Oiseases of Blood	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	2	3
Mental Disorders	-	-	-	-	-	-	-	-	3	-	1	-	2	1	-	-	7	9
Meningitis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	5
Other Diseases of Nervous																		
System, etc.	9	2	4	1	1	1	-	-	1	2	2	-	2	2	-	4	31	84
Chronic Rheumatic Heert																		
Oisease	5	2	4	2	4	-	1	1	2	2	5	1	2	4	5	2	42	85
Hypertensive Oisease	12	6	11	3	5	3	3	7	4	5	8	4	2	2	6	7	88	195
Ischaemic Heart Disease	105	52	70	29	57	11	30	41	72	34	78	27	50	51	43	67	817	1,811
Other Forms of Heart Oisease	28	9	23	17	10	8	4	8	17	8	20	5	14	9	18	21	219	429
Cerebrovascular Disease	75	30	38	26	29	8	17	29	54	14	58	16	22	38	50	47	551	1,191
Other Oiseases of Circulatory																		
System	26	3	22	6	7	4	8	10	16	8	26	2	9	8	13	12	180	391
Influenza	3	-	10	1	3	1	2	3	5	4	3	-	4	2	4	2	47	89
Pneumonie	23	20	16	11	7	1	8	8	29	5	31	11	22	21	17	12	242	521
Bronchitis and Emphyseme	19	8	14	4	12	1	8	2	21	3	5	3	5	9	5	9	128	289
Asthme	-	1	-	-	1	-	-	1	1	-	-	1	-	2	-	-	7	11
Other Oiseases of Respiratory																		
System	6	1	5	-	1	2	1	1	4	-	-	1	1	3	5	3	34	65
Paptic Ulcer	6	1	-	2	4	-	1	1	2	-	2	-	-	1	1	3	24	52
Appendicitis	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	2	4
Intestinal Obstruction and																		
Hernie	2	2	2	3	1	-	1	1	2	-	3	2	-	3	2	-	24	43
Cirrrosis of Liver	3	-	1	1	-	-	-	-	1	-	1	-	-	-	3	-	10	25
Other Diseases of Oigestive																		
System	4	-	6	2	3	-	2	1	6	1	4	1	1	1	2	5	39	71
Nephritis end Nephrosis	-	-	1	-	-	-	1	2	3	-	-	2	1	-	2	1	13	28
Hyperplasia of Prostete	2	1	2	-	1	-	-	4	1	-	-	-	1	-	1	-	13	25
Other Diseases, Genito-Urinary																		
System	-	-	-	3	3	1	2	1	3	-	4	1	2	1	3	2	26	57
Other Complications of																		
Pregnancy, etc.	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1
Diseases of Skin, Subcutaneous																		
Tissue	-	-	1	-	-	-	1	-	1	-	1	-	-	-	-	-	4	5
Diseases of Musculo-Skeletal																		
System	2	1	2	-	-	-	-	1	1	-	1	-	1	2	1	2	14	30
Congenital Anomalies	4	3	2	1	2	1	-	1	2	1	3	2	-	1	2	-	25	55
Birth Injury, Oiffcult																		
Labour, etc.	4	2	1	3	1	-	-	1	2	-	1	1	1	-	-	2	19	41
Other Causes of Parinatel																		
Mortality	2	4	-	2	1	-	-	-	-	-	-	-	-	-	4	4	17	31
Symptoms and ill-defined																		
Conditions	3	3	2	2	2	-	-	3	1	1	4	2	3	11	2	1	40	68
Motor Vehicle Accidents	4	3	5	4	5	-	1	2	4	1	4	1	2	3	2	3	44	85
All Other Accidents	5	5	5	2	6	-	3	3	3	1	2	-	6	4	4	3	52	99
Suicide end Self-Inflicted																		
Injuries	5	-	1	2	-	-	-	-	3	-	4	1	5	-	2	1	24	48
All Other External Causes	2	-	-	-	-	-	-	-	1	1	-	1	2	1	2	1	11	18
All Causes	468	203	297	162	210	58	124	171	352	118	335	113	178	228	244	278	3,539	7,487

TABLE 4

TABLE SHOWING FOR EACH URBAN DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Urban Districts	Live Births	Still Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater	511	9	309	17	26,800	19.1	18.7	11.5	11.4	33
Burnham	144	4	210	2	11,530	12.5	15.9	18.2	11.8	14
Chard	144	1	104	1	7,130	20.2	22.6	14.6	11.1	7
Clevedon	190	—	229	2	13,980	13.6	17.0	16.4	9.7	11
Crewkerne	67	—	47	—	5,060	13.2	17.7	9.3	9.5	—
Frome	274	5	209	7	12,600	21.7	23.7	16.6	12.3	26
Glastonbury	116	1	69	2	6,310	18.4	20.1	10.9	10.7	17
Ilminster	50	—	50	1	2,920	17.1	16.8	17.1	16.9	20
Keynsham	274	6	194	2	18,670	14.7	13.4	10.4	11.3	7
Minehead	87	1	181	1	7,720	11.3	15.3	23.4	11.9	11
Norton-Radstock	277	3	142	2	14,540	19.1	19.7	9.8	10.1	7
Portishead	122	—	82	1	8,270	14.8	14.7	9.9	12.5	8
Shepton Mallet	97	5	89	4	5,740	16.9	17.7	15.5	12.1	41
Street	139	1	76	3	8,120	17.1	18.0	9.4	10.9	22
Taunton	574	5	499	5	37,420	15.3	15.6	13.3	12.9	9
Watchet	48	—	33	2	2,730	17.6	20.2	12.1	10.9	42
Wellington	136	1	168	6	8,380	16.2	18.5	20.0	13.4	44
Wells	142	3	138	3	8,190	17.3	20.8	16.8	8.4	21
Weston-super-Mare	588	8	832	12	47,960	12.3	14.8	17.3	10.7	20
Yeovil	377	2	287	4	25,740	14.6	15.5	11.1	10.1	11
TOTAL of Urban Districts	4,357	55	3,948	77	279,810	15.6	17.0	14.1	11.1	18

TABLE 5

TABLE SHOWING, FOR EACH RURAL DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Rural Districts	Live Births	Still Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge	542	5	468	8	37,720	14.4	16.3	12.4	12.0	15
Bathavon	254	2	203	8	18,290	13.9	14.6	11.1	10.4	31
Bridgwater	431	5	297	4	25,680	16.8	17.6	11.6	11.4	9
Chard	185	3	162	5	12,850	14.4	17.6	12.6	10.3	27
Clutton	302	6	210	4	19,830	15.2	16.4	10.6	10.0	13
Dulverton	48	—	58	1	4,040	11.9	14.8	14.4	13.0	21
Frome	185	1	124	2	12,360	15.0	17.0	10.0	10.0	11
Langport	205	3	171	2	14,520	14.1	14.1	11.8	10.3	10
Long Ashton	662	6	352	5	39,000	17.0	16.8	9.0	9.5	8
Shepton Mallet	154	2	118	—	10,740	14.3	15.6	11.0	10.1	—
Taunton	365	4	335	3	25,650	14.2	15.5	13.1	9.8	8
Wellington	109	2	113	4	8,450	12.9	14.7	13.4	11.0	37
Wells	161	2	178	1	11,010	14.6	15.3	16.2	8.6	6
Williton	189	3	228	1	14,100	13.4	17.3	16.2	11.3	5
Wincanton	242	2	244	5	16,900	14.3	16.7	14.4	10.9	21
Yeovil	527	12	278	10	28,980	18.2	17.3	9.6	10.5	19
TOTAL of Rural Districts	4,561	58	3,539	63	300,120	15.2	16.4	11.8	10.4	14
Administrative County	8,918	113	7,487	140	579,930	15.4	16.8	12.9	10.8	16
England and Wales 1969						16.3		11.9		18

TABLE 6

NOTIFICATION OF INFECTIOUS DISEASES

	Acute encephalitis	Acute meningitis	Anthrax	Diphtheria	Dysentery	Infective jaundice	Food poisoning	Measles	Ophthalmia neonatorum	Paratyphoid fever	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough	Rubella
URBAN DISTRICTS																
Bridgwater	—	1	—	—	4	2	—	48	—	—	3	—	4	—	1	—
Burnham	—	—	—	—	—	—	5	13	—	—	2	—	1	—	—	—
Chard	—	—	—	—	1	—	—	170	—	—	2	—	—	—	—	—
Clevedon	—	—	—	—	4	3	1	5	—	—	—	—	2	—	8	—
Crewkerne	—	—	—	—	—	—	—	20	—	—	—	—	—	—	—	—
Frome	—	—	—	—	—	—	—	21	—	—	—	—	—	—	—	—
Glastonbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Ilminster	—	—	—	—	—	—	—	52	—	—	—	—	—	—	—	—
Keynsham	—	3	—	—	1	3	3	28	—	—	2	—	—	—	1	—
Minehead	—	1	—	—	13	3	2	23	—	—	—	—	—	—	1	—
Norton-Radstock	—	1	—	—	31	1	8	145	—	—	3	—	—	—	1	—
Portishead	—	—	—	—	30	5	—	67	—	2	—	—	3	—	3	—
Shepton Mallet	—	—	—	—	43	—	—	9	—	—	—	—	—	—	—	—
Street	—	—	—	—	4	4	2	6	—	—	—	—	2	—	—	—
Taunton	—	1	—	—	5	16	5	122	—	—	17	—	5	—	5	—
Watchet	—	—	—	—	—	—	—	14	—	—	—	—	—	—	—	—
Wellington	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—
Wells	—	—	—	—	4	2	2	6	—	—	—	—	—	—	—	—
Weston-super-Mare	—	—	—	—	—	8	4	85	—	—	32	—	5	—	8	—
Yeovil	—	—	—	—	2	—	—	304	—	—	1	—	1	—	—	—
RURAL DISTRICTS																
Axbridge	—	1	—	—	—	11	1	89	—	—	17	—	—	—	7	—
Bathavon	—	1	—	—	2	21	1	167	—	—	2	—	2	—	—	—
Bridgwater	—	—	—	—	—	8	3	74	—	—	—	—	2	—	4	1
Chard	—	—	—	—	—	—	—	104	—	—	1	—	1	—	—	—
Clutton	—	—	—	—	9	—	3	159	—	—	1	—	—	—	4	—
Dulverton	—	—	—	—	—	—	—	82	—	—	1	—	1	—	1	—
Frome	—	—	—	—	6	5	1	75	—	—	—	—	—	—	1	—
Langport	—	—	—	—	2	—	—	118	—	—	8	—	—	—	8	—
Long Ashton	—	2	—	—	43	51	13	98	—	—	10	—	—	—	1	—
Shepton Mallet	—	—	—	—	30	2	—	57	—	—	1	—	1	—	9	—
Taunton	—	—	—	—	—	31	—	69	—	—	4	—	3	—	5	—
Wellington	—	—	—	—	—	—	—	57	—	—	1	—	—	—	—	—
Wells	—	—	—	—	—	12	1	13	—	—	—	—	—	—	—	—
Williton	—	—	—	—	7	4	—	73	—	—	—	—	—	—	—	—
Wincanton	—	—	—	—	—	6	—	143	—	—	—	—	—	—	2	—
Yeovil	1	—	—	—	—	1	—	240	—	—	5	—	—	—	2	—
Urban Districts	—	7	—	—	142	47	32	1,142	—	2	62	—	23	—	29	—
Rural Districts	1	4	—	—	99	152	23	1,618	—	—	51	—	10	—	44	1
Administrative County	1	11	—	—	241	199	55	2,760	—	2	113	—	33	—	73	1
Comparative figures for 1968	2	1	—	—	122	99	—	7,985	11	—	121	—	41	—	201	—

$P_{4/2}$

